

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000287

1. Entity Name

IMMACULATE HEART OF MARY ROMAN CATHOLIC CHAPEL,

Principal Place of Business

2404 EAST STUART STREET
TAMPA FL 33605

Mailing Address

2404 EAST STUART STREET
TAMPA FL 33605-6553

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3476428

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, CHARLES J
2214 LONG STREET
TAMPA FL 33605

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|---|---|--|
| TITLE | DC <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHREIBER, JOSEPH | NAME | |
| STREET ADDRESS | 2035 NW GENE'S LITTLE ACRES | STREET ADDRESS | |
| CITY-ST-ZIP | ARCADIA FL 33821 | CITY-ST-ZIP | |
| TITLE | DT <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARCIA, CHARLES J | NAME | |
| STREET ADDRESS | 2214 LONG ST | STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33605 | CITY-ST-ZIP | |
| TITLE | DS <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DAKE, EUGENE S | NAME | Vacant |
| STREET ADDRESS | 2707 BENT LEAF DR | STREET ADDRESS | |
| CITY-ST-ZIP | VALRICO FL 33594 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARNHART, JAMES A | NAME | |
| STREET ADDRESS | 139 LOOKOUT DR | STREET ADDRESS | Village Oaks - 155 Oak Hill Dr. |
| CITY-ST-ZIP | APOLLO BEACH FL | CITY-ST-ZIP | Sarasota, FL 34232 |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOLL, ANDREW M | NAME | Vacant |
| STREET ADDRESS | 1961 W DEL WEBB BLVD | STREET ADDRESS | |
| CITY-ST-ZIP | SUN CITY CENTER FL 33573 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PACKARD, RALPH A | NAME | |
| STREET ADDRESS | 4600 98TH WAY NO | STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG FL 33708 | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles J. Garcia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/00 (813) 248-9593
Date Daytime Phone #

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90262 021 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)