2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 30, 2001 8:00 am
Secretary of State

04-18-2001 90032 007 ****61.25

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1. Entity Name

THE FELLOWSHIP AT TYRONE, INC.

Principal Place of Business	Mailing Address
6822 - 22ND AVENUE NORTH PMB #430 ST. PETERSBURG FL 33710	6822 - 22ND AVENUE NORTH PMB #430 ST. PETERSBURG FL 33710

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3590294 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARNARD, LEE REV.
6822 - 22ND AVENUE NORTH
PMB #430
ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name McNeal, John, Rev

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

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	
TITLE SD NAME BRYON, BILL STREET ADDRESS 3093 BRANCH DRIVE CITY-ST-ZIP CLEARWATER FL 33760	☐ Delete	TITLE NAME PRYOR, Bill STREET ADDRESS Same CITY-ST-ZIP	☐ Change ☐ Addition ☒ correction
TITLE DT NAME DAVIS, JOE STREET ADDRESS 6620 POINSETTIA AVE SO CITY-ST-ZIP ST. PETERBURG FL 33707	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DE NAME GERICKE, FRED STREET ADDRESS 5510 VENETIAN BLVD. NE CITY-ST-ZIP ST. PETERSBURG FL 33703	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: Jonathan McNeal SECRETARY 4/11/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #