

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004473

1. Entity Name

THE FELLOWSHIP AT TYRONE, INC.

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90279 024 ****61.25

846726



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5822 - 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

4. FEI Number	Applied For
59-3590294	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PRYOR, BILL	
STREET ADDRESS	3093 BRANCH DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33760	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DAVIS, JOE	
STREET ADDRESS	6620 POINSETTIA AVE SO	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	DE	<input checked="" type="checkbox"/> Delete
NAME	GERICKE, FRED	
STREET ADDRESS	5510 VENETIAN BLVD. NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Taylor, Dennis	
STREET ADDRESS	7834 Bristol Ct. No	
CITY-ST-ZIP	St. Petersburg FL 33709	
TITLE	DE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	woody, Brent	
STREET ADDRESS	7730 54th St No	
CITY-ST-ZIP	Pineellas Park, FL 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/22/02 727-384-6757
Date Daytime Phone #

CR2E037 (9/01)