

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004675

1. Entity Name

TAMPA PEOPLES CHURCH, INC.

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90021 028 ****61.25

Principal Place of Business

15115 19TH ST
 LUTZ FL 33549

Mailing Address

17826 SUNRISE DR.
 LUTZ FL 33549

2. Principal Place of Business

3. Mailing Address

12638 FLAMINGO PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SPRING HILL

City & State

City & State

FL

Zip

Country

Zip

34610

Country

PRASCO

4. FEI Number

59-3579726

Applied For

Not Applicable

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

COOMER, MIKE
 17826 SUNRISE DR.
 LUTZ FL 33549

12638 FLAMINGO PKWY
 → SPRING HILL, FL
 34610

Change of Address

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

TITLE D ☐ Delete
 NAME DEMPSEY, DAN R
 STREET ADDRESS 17826 SUNRISE DR.
 CITY-ST-ZIP LUTZ FL 33549
 Change Address

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME DEMPSEY, PATRICIA
 STREET ADDRESS 17826 SUNRISE DR.
 CITY-ST-ZIP LUTZ FL 33549
 Change Address

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D ☐ Delete
 NAME COOMER, PHYLLIS
 STREET ADDRESS 17826 SUNRISE DR.
 CITY-ST-ZIP LUTZ FL 33549
 Change Address

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

REQUIRED

4/28/01

813-929 8118

CR2E037 (10/00)