

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004911

1. Entity Name

BAY AREA INTERFAITH-INTERAGENCY NETWORK IN DISAS

Principal Place of Business

5315 VAN DYKE RD.
LUTZ FL 33549

Mailing Address

5315 VAN DYKE RD.
LUTZ FL 33549-4882

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90172 044 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3594133

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MALIVUK, M.RICHARD REV.
5315 VAN DYKE RD.
LUTZ FL 33549

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. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CALLON, STEPHANIE	
STREET ADDRESS	P.O. BOX 13087	
CITY-ST-ZIP	ST. PETERSBURG FL 33733	
TITLE	D	<input type="checkbox"/> Delete
NAME	COX, DAWN	
STREET ADDRESS	2810 DRYER AVE.,#C	
CITY-ST-ZIP	LARGO FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANCIS, ROGER	
STREET ADDRESS	2812 8TH ST. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33704	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOMBARDO, RAY	
STREET ADDRESS	25941/2 32 AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACNAMEE, DAVID	
STREET ADDRESS	817 MANDALAY AVE.	
CITY-ST-ZIP	CLEARWATER BEACH FL 33767	
TITLE	D	<input type="checkbox"/> Delete
NAME	MALIVUK, M.RICHARD	
STREET ADDRESS	5315 VAN DYKE RD.	
CITY-ST-ZIP	LUTZ FL 33549	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Richard Malivuk

2/8/00

Date

Daytime Phone #

(813) 963-0969

CR2E037 (9/99)