

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90002 001 ****61.25

DOCUMENT # N99000004911

1. Entity Name

**BAY AREA INTERFAITH-INTERAGENCY NETWORK IN DISAS
 TER, INC.**

Principal Place of Business

**5315 VAN DYKE RD.
 LUTZ FL 33549**

Mailing Address

**5315 VAN DYKE RD.
 LUTZ FL 33549**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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
 NAME **D**
 STREET ADDRESS **CALLON, STEPHANIE**
 CITY-ST-ZIP **P.O. BOX 13087
 ST. PETERSBURG FL 33733** ☐ Delete

TITLE
 NAME **DP**
 STREET ADDRESS **REV. MARK PETERSON**
 CITY-ST-ZIP **2410 ANDALUSIA WAY NE
 ST. PETERSBURG, FL 33704** ☐ Change ☒ Addition

TITLE
 NAME **DP**
 STREET ADDRESS **AKEHURST, STEVE**
 CITY-ST-ZIP **908 HUUH ST. S
 GULFPORT FL 33707** ☒ Delete

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

TITLE
 NAME **D**
 STREET ADDRESS **FRANCIS, ROGER**
 CITY-ST-ZIP **2812 8TH ST. N.
 ST. PETERSBURG FL 33704** ☐ Delete

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

TITLE
 NAME **D**
 STREET ADDRESS **LOMBARDO, RAY**
 CITY-ST-ZIP **25941/2 32 AVE. N.
 ST. PETERSBURG FL 33713** ☐ Delete

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

TITLE
 NAME **DV**
 STREET ADDRESS **MACNAMEE, DAVID**
 CITY-ST-ZIP **817 MANDALAY AVE.
 CLEARWATER BEACH FL 33767** ☐ Delete

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

TITLE
 NAME **DT**
 STREET ADDRESS **MALIVUK, M. RICHARD**
 CITY-ST-ZIP **5315 VAN DYKE RD.
 LUTZ FL 33549** ☐ Delete

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

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: M. MALIVUK **SIGNATURE REQUIRED M. Richard MALIVUK (Treas.) 2/19/02 (813) 963-0969**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)