

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000022746

1. Entity Name

IN THY NAME, INC.

Principal Place of Business

14125 FENNSBURY DR.  
TAMPA FL 33624  
US

Mailing Address

P.O. BOX 274071  
TAMPA FL 33688-4071  
US

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 59-3362910

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

BUEHRING, BARBARA A  
14125 FENNSBURY DR.  
TAMPA FL 33624

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPS  
NAME BUEHRING, BARBARA A  
STREET ADDRESS 23309 CLUB VILLAS  
CITY-ST-ZIP LAND O LAKES FL 34639 ☒ Delete

TITLE P, VP  
NAME BUEHRING, BARBARA A.  
STREET ADDRESS 14125 FENNSBURY DR.  
CITY-ST-ZIP TAMPA, FL 33624 ☒ Change ☒ Addition

TITLE VP  
NAME GOODCHILD, VERA N  
STREET ADDRESS 110 4TH AVE. NW  
CITY-ST-ZIP LUTZ FL 33549 ☒ Delete

TITLE VP, S  
NAME GOODCHILD, VERA N.  
STREET ADDRESS 23309 CLUB VILLAS  
CITY-ST-ZIP LAND O' LAKES, FL 34639 ☒ 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  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

BARBARA A. BUEHRING

3/15/01 (813) 961-3891

Date Daytime Phone #

CR2E034 (10/00)

0355901

FILED  
Mar 20, 2001 8:00 am  
Secretary of State

03-20-2001 90008 049 \*\*\*150.00



DO NOT WRITE IN THIS SPACE