

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713184

1. Entity Name

THE EVANGELICAL COVENANT CHURCH OF TRAILER ESTAT

Principal Place of Business

6828 CANADA
ES. INC. ATEs. INC. <THE>
BRADENTON FL 34281-6150
US

Mailing Address

P.O. BOX 6150
ES. INC. ATEs. INC. <THE>
BRADENTON FL 34281-6150
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2348762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELOWSON, DAVID A.
3400 AVENIDA MADERA
BRADENTON FL 34210

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ELOWSON, DAVID 3400 AVENIDA MADERA BRADENTON, FL..	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REED, RUSSELL 1812 IOWA BRADENTON FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MUMFORD, WILLIAM 1709 IOWA BRADENTON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BULL, LORRAINE 2115 MINNESOTA BRADENTON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HACK, ELLEN 1710 MINNESOTA BRADENTON FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BELL, GAIL 2108 OHIO BRADENTON FL	☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAC FARLANE, HERBERT 6606 WASHINGTON ST. BRADENTON FL	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, LORRETTA 1610 INDIANA BRADENTON FL	☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H.A. MAC FARLANE

MAR 20/01 941-756-7722

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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