

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720424

1. Entity Name

SAHIB TEMPLE, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90077 040 ****61.25

Principal Place of Business

Mailing Address

600 N BENEVA ROAD
SARASOTA FL 34232

600 N BENEVA ROAD
SARASOTA FL 34232-1316



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7281801

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BATTEN, WILLIAM W
600 N BENEVA RD
SARASOTA FL 34232

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 **TOALE, CURTIS H.**
STREET ADDRESS **40 NORTH ORANGE AVE.**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Change ☒ Addition
NAME **KEN GERRARD SR.**
STREET ADDRESS **3103 9TH ST W**
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **D** ☐ Delete
NAME **ORTT, LOUIS**
STREET ADDRESS **1104 RIVERIERA ST.**
CITY-ST-ZIP **VENICE FL 34285**

TITLE ☐ Change ☒ Addition
NAME **PAT BAESSLER**
STREET ADDRESS **4105 SAND POINTE RD**
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **D** ☒ Delete
NAME **TERRYBERRY, KENNETH**
STREET ADDRESS **4812 CORAL BLVD**
CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ Change ☒ Addition
NAME **EDWARD PHILLIPS**
STREET ADDRESS **1800 BEN FRANKLIN DR**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **D** ☒ Delete
NAME **LITCHFIELD, PAUL**
STREET ADDRESS **3273 BOYETTE ST**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE ☐ Change ☒ Addition
NAME **ROBERT GOLDENBERG**
STREET ADDRESS **1673 GEORGETOWNS BLVD**
CITY-ST-ZIP **SARASOTA FL 34232-2030**

TITLE **S** ☐ Delete
NAME **BATTEN, WILLIAM W**
STREET ADDRESS **3448 HIGHLANDS BRIDGE RD**
CITY-ST-ZIP **SARASOTA FL 34235**

TITLE ☐ Change ☐ Addition
NAME **LLOYD K. DUNCAN**
STREET ADDRESS **2055 WOOD STREET, SUITE 104**
CITY-ST-ZIP **SARASOTA, FL 34237**

TITLE **TD** ☒ Delete
NAME **JOHNSON, WILLIAM H**
STREET ADDRESS **6710 ELLENTON-GILLETTE RD. #117**
CITY-ST-ZIP **PALMETTO FL 34221**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)