

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766005

1. Entity Name

NORTHMINSTER PRESBYTERIAN CHURCH OF SARASOTA, FL ✓

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90005 046 \*\*\*\*61.25

Principal Place of Business

3131 61ST ST  
 SARASOTA FL 34243

Mailing Address

3131 61ST ST  
 SARASOTA FL 34243

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1282307

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COTNER, ROY  
 5044 INVERNESS DRIVE  
 SARASOTA FL 34243

7. Name and Address of New Registered Agent

Name: **COTNER, ROY**  
 Street Address (P.O. Box Number is Not Acceptable): **5453 GOLF POINTS DRIVE**  
 City: **SARASOTA** FL Zip Code: **34243**

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

*Roy Cotner* 7/13/00

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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          | PD                   | <input type="checkbox"/> Delete            |
| NAME           | LEFFERSON, TOM       |  |
| STREET ADDRESS | 6409 TURNER GAP RD   |  |
| CITY-ST-ZIP    | BRADENTON FL 34203   |  |
| TITLE          | VD                   | <input type="checkbox"/> Delete            |
| NAME           | MITCHELL, PHIL       |  |
| STREET ADDRESS | 5121 ISLAND DATE ST  |  |
| CITY-ST-ZIP    | SARASOTA FL 34232    |  |
| TITLE          | TD                   | <input type="checkbox"/> Delete            |
| NAME           | COTNER, ROY          |  |
| STREET ADDRESS | 5044 INVERNESS DRIVE |  |
| CITY-ST-ZIP    | SARASOTA FL 34243    |  |
| TITLE          | SD                   | <input checked="" type="checkbox"/> Delete |
| NAME           | PINSON, CAROLINE     |  |
| STREET ADDRESS | 2151 59TH STREET     |  |
| CITY-ST-ZIP    | SARASOTA FL 34243    |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| 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          | TD                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | COTNER, ROY            |  |
| STREET ADDRESS | 5453 GOLF POINTS DRIVE |  |
| CITY-ST-ZIP    | SARASOTA, FL 34243     |  |
| TITLE          | SD                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | PARAMORE, DELORES      |  |
| STREET ADDRESS | 5051 82ND WAY EAST     |  |
| CITY-ST-ZIP    | SARASOTA, FL 34243     |  |
| 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)* T. COTNER

7/13/00 (941)3554729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)