

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**  
 05-04-2001 90105 003 \*\*\*\*70.00

**DOCUMENT # N00000005555**

1. Entity Name

**NEW LIFE CHRISTIAN CENTER, INC.**

Principal Place of Business

1827 DIANE DRIVE  
 CLEARWATER FL 33759

Mailing Address

1827 DIANE DRIVE  
 CLEARWATER FL 33759

2. Principal Place of Business

4101 S. Lockwood Ridge Rd

Suite, Apt. #, etc.

3. Mailing Address

4101 S. Lockwood Ridge Rd

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sarasota Florida

City & State

Sarasota Florida

4. FEI Number

59-3666253

Applied For

Not Applicable

Zip

34231

Country

Sarasota

Zip

34231

Country

Sarasota

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REED, ROBERT D  
 1827 DIANE DRIVE  
 CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name Robert D Reed  
 Street Address (P.O. Box Number is Not Acceptable) 6439 Friendship Drive  
 City Sarasota FL Zip Code 34241

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	PD	<input type="checkbox"/> Delete
NAME	REED, ROBERT	
STREET ADDRESS	1827 DIANE DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANIELS, GILBERT	
STREET ADDRESS	4132 BOYD LN	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEUER, MICHAEL	
STREET ADDRESS	2316 BELLHURST DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reed, Loretta	
STREET ADDRESS	6439 Friendship Drive	
CITY-ST-ZIP	Sarasota FL 34241	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Burkhart, Bruce	
STREET ADDRESS	4768 Harris Avenue	
CITY-ST-ZIP	Sarasota - FL 34233	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Burkhart, Kathleen	
STREET ADDRESS	4768 Harris Avenue	
CITY-ST-ZIP	Sarasota FL 34233	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hansley, Larry	
STREET ADDRESS	1024 Mary Jane Lane	
CITY-ST-ZIP	Dunedin FL 34698	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reed, Robert	
STREET ADDRESS	6439 Friendship Drive	
CITY-ST-ZIP	Sarasota FL 34241	
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 REQUIRED**

4-26-01 941-929-9833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)