

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45151

1. Entity Name

SON RISE CHRISTIAN CHURCH, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90048 031 ****61.25

Principal Place of Business
2801 COUNTY BARN ROAD
NAPLES FL 34112
US

Mailing Address
2801 COUNTY BARN ROAD
NAPLES FL 34112-5437
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

65-0288686

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

HOWELL, J T
2328 PICCADILLY CIRCUS
NAPLES FL 34112

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
CLEMENT, KEN
140 2 AVE SE.
NAPLES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Change ☒ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
HOWELL, TOM
2328 PICCADILLY CIR.
NAPLES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BACHOTA, FRED
261 3RD ST SW
NAPLES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
JENNINGS, JIM
6090 28TH AVE SW
NAPLES FL 34116

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/C
Change ☒ Addition ☐
6090 COPPER LEAF LANE

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
NAME
STREET ADDRESS
CITY-ST-ZIP
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

Date

Daytime Phone #

CR2E037 (9/99)