

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 91008 045 ****61.25

C0038554

DO NOT WRITE IN THIS SPACE

DOCUMENT # N/99000003579

1. Entity Name
Kancha Buddhist Center Inc.

Principal Place of Business 2137 North Tamiami Trail
Sarasota, FL 34234

Mailing Address same

2. Principal Place of Business changed from #2121 this past year by post office
Suite, Apt. #, etc.

3. Mailing Address same
Suite, Apt. #, etc.

City & State Sarasota FL

Zip 34234 **Country** USA

4. FEI Number 65-0944589

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Paul Lewis, Administrative Director
2002 Clematis Place
Sarasota, FL 34239

Emily Sheets
2745-B N. Beach Rd.
Englewood, FL 34223

7. Name and Address of New Registered Agent
Name Paul W. Lewis, Administrative Director
Street Address (P.O. Box Number is Not Acceptable) 2002 Clematis Place
City Sarasota **FL** **Zip Code** 34239

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 Paul W. Lewis Paul W. Lewis, Administrative Director 3/19/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: check #1425, 3/19/01
FEE IS \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Make Check Payable to: Department of State

10. Board of Directors

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
President	Suzi Trubitz	5070 Gulf of Mexico Drive	Longport Key, FL 34228	☐
Secretary	Emily Sheets	2745-B N. Beach Rd.	Englewood, FL 34223	☒
Treasurer	Jane Shannon	2002 Clematis Place	Sarasota, FL 34239	☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☒ Addition
Board Member	Gandy Tracey	5327 Moeller Ave.	Sarasota, FL 34233	☐	☒
Board Member	Hannah Remy	PO Box 1215	Sarasota, FL 34236	☐	☒
				☐	☐
				☐	☐
				☐	☐

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: Paul W. Lewis Paul W. Lewis, Administrative Director 3/19/01 941-951-7581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)