# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 10, 2002 8:00 am**
**Secretary of State**
01-27-2002 90024 044 ****61.25

DOCUMENT # N99000003579

1. Entity Name

KANCHA BUDDHIST CENTER INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2137 NORTH TAMIAMI TRAIL<br>SARASOTA FL 34234 | 2137 NORTH TAMIAMI TRAIL<br>SARASOTA FL 34234 |

DO NOT WRITE IN THIS SPACE

| 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 65-0944589 ☐ 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 |
|---|---|
| LEWIS, PAUL W (Administrative Director)<br>2002 CLEMATIS PLACE<br>SARASOTA FL 34239 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 | D<br>JAMES, LUCY<br>6138 TURNBURY PK DR, #6303<br>SARASOTA FL 34243 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~TREASURER~~ D<br>~~JANE~~ SHANNON, JANE<br>2002 CLEMATIS PLACE<br>SARASOTA, FL 34239 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SHEETS, EMILY<br>2795-B NORTH BEACH ROAD<br>ENGLEWOOD FL 34223 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>TRUBITZ, SUZI<br>5070 GULF OF MEXICO DRIVE<br>LONGBOAT KEY FL 34228 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~BM~~ D<br>TRACEY, SANDY<br>5327 MOELLER AVENUE<br>SARASOTA FL 34233 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~BM~~ D<br>REMY, HANNAH<br>PO BOX 1215<br>SARASOTA FL 34236 | ☐ 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 |

CR2E037 (9/01)

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, Administrative Director 1/6/02 941-951-7581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2/16/02 corrected BM D for Sandy Tracey, Hannah Remy + Jane Shannon