## 2000 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

## FILED **DOCUMENT # 713430** May 01, 2000 8:00 am 1. Entity Name Secretary of State SOUTH TRAIL CHURCH OF CHRIST, INC. 05-01-2000 90029 042 \*\*\*\*61.25 Mailing Address Principal Place of Business P O BOX 19825 5601 SOUTH TAMIAMI TRAIL SARASOTA FL 34276-2825 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address So TAMIAMI THAIL P.O. BOX 1982 5601 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number SArosoTA, FL 59-2465673 naraso Ta Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired SAMASOTA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable). COOK, BRUCE A 9201 PALMER BLVD SARASOTA FL 34240 City Zip Code Fl 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 (NQTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition ☐ Delete TITLE TITLE NAME TORREY, ELWOOD L. NAME STREET ADDRESS STREET ADDRESS 2220 STICKNEY PT ROAD, APT 543 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL M Change Addition TITLE PD ☐ Delete TITLE Hipp Kenneth D. Jr. 4745 Spring mendow LN HIPP, KENNETH O. JR. NAME STREET ADDRESS STREET ADDRESS 1706 MEADOWOOD SAH ASOTA, FL 34233 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Change ☐ Addition STD ☐ Delete TITLE TITLE NAME COOK, BRUCE A NAME STREET ADDRESS STREET ADDRESS 9201 PALMER BLVD CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34240 Change Addition TITLE ☐ Delete TITLE PARK Bruce A 2408 APPAlooSA Cir. NAME NAME Park, David STREET ADDRESS STREET ADDRESS 6623 BLUEWATER AVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STILBER, TOM STREET ADDRESS STREET ADDRESS 6535 WATER FORD CIR CiTY-ST-ZIP CITY-ST-ZIP Sarasota FL 34238 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 em