## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Mar 02, 2001 8:00 am **DOCUMENT # 713430 Secretary of State** 1. Entity Name 03-02-2001 90037 012 \*\*\*\*61.25 SOUTH TRAIL CHURCH OF CHRIST, INC. Principal Place of Business Mailing Address 5601 SOUTH TAMIAMI TRAIL P O BOX 19825 SARASOTA FL 34276-825 SARASOTA FL 34231 HS 3. Mailing Address 2. Principal Place of Business 5601 So. TAMIAMI TRAIL DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2465673 SAMASOTA raso TA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) COOK, BRUCE A 9201 PALMER BLVD SARASOTA FL 34240 City 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 ) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be 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. (10/00)Change ☐ Addition Defete TITLE TITLE TORREY, ELWOOD L. NAME NAME 2220 STICKNEY PT ROAD, APT 543 STREET ADDRESS STREET ADDRESS CR2E037 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Change TITLE ☐ Delete TITLE Addition HIPP, KENNETH O. JR. NAME NAME 4745 SPRING MEADOW LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34233 CITY-ST-ZIP STD ☐ Delete TITLE Change Addition COOK, BRUCE A NAME NAME STREET ADDRESS 9201 PALMER BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34240 Change D ☐ Addition TITLE ☐ Delete TITLE PARK, BRUCE A NAME 2408 APPALOOSA CIR STREET ADDRESS STREET ADDRESS CITY-ST-7IF SARASOTA FL 34240 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE STILBER, TOM NAME NAME 6535 WATER FORD CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34238 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 6 7, 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 ampowered. SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #