# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 17, 2000 8:00 am**
**Secretary of State**
03-17-2000 90004 040 ****61.25

DOCUMENT # 712707

1. Entity Name

THE SARASOTA BRETHREN IN CHRIST CHURCH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4201 BAHIA VISTA STREET<br>SARASOTA FL 34232-2425 | 4201 BAHIA VISTA STREET<br>SARASOTA FL 34232-2425 |

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 59-1992150 ☐ 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 |
|---|---|
| WOOMERT, LARRY L.<br>5745 STONE POINTE DR.<br>SARASOTA FL 34233 | 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 | P | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | WOOMERT, LARRY L | | NAME | | |
| STREET ADDRESS | 5745 STONE POINTE DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL 34233 | | CITY-ST-ZIP | | |
| TITLE | D | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | BURNS, TERRY | | NAME | | |
| STREET ADDRESS | 6753 COUNTRY RD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL | | CITY-ST-ZIP | | |
| TITLE | D | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | LANDIS, OMAR J | | NAME | | |
| STREET ADDRESS | 4141 BAHIA VISTA COURT | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL | | CITY-ST-ZIP | | |
| TITLE | D | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | SHENK, CLAIR J | | NAME | | |
| STREET ADDRESS | 5816 CAMEBT DR. S. | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL 34233 | | CITY-ST-ZIP | | |
| TITLE | D | ☒ Delete | TITLE | D | ☐ Change ☒ Addition |
| NAME | ARTHUR EARL | | NAME | Linda Daily | |
| STREET ADDRESS | 9812 CHALET CIR | | STREET ADDRESS | 2627 Nodosa DR. | |
| CITY-ST-ZIP | SARASOTA FL 34202 | | CITY-ST-ZIP | Sarasota, FL 34232 | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

CR2E037 (9/99)

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 REQUIRED Larry L Woomert 2-14-00 941 371 4252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #