

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90012 029 ****61.25

DOCUMENT # 712707

1. Entity Name

THE SARASOTA BROTHERS IN CHRIST CHURCH, INC.

Principal Place of Business

Mailing Address

**4201 BAHIA VISTA STREET
 SARASOTA FL 34232-2425**

**4201 BAHIA VISTA STREET
 SARASOTA FL 34232-2425**

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.
 5745 STONE POINTE DR.
 SARASOTA FL 34233**

Name

Street Address (P.O. Box Number is Not Acceptable)

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	P WOOMERT, LARRY L 5745 STONE POINTE DRIVE SARASOTA FL 34233	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, TERRY 6753 COUNTRY RD. SARASOTA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDIS, OMAR J 4141 BAHIA VISTA COURT SARASOTA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHENK, CLAIR J 5816 CAMEBT DR. S. SARASOTA FL 34233	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAILY, LINDA 2627 NADOSA DR SARASOTA FL 34232	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNOLLY, Michael 311 CORNELIUS DR Sarasota, FL 34239	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MIKE RICE 1958 Wood Hollow Place Sarasota, FL 34235	☐ Change ☒ Addition

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:

LARRY L. WOUMERT

4-19-01

9419259933

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)