

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713423

1. Entity Name

THE EVANGELICAL COVENANT CHURCH OF TRI-PAR ESTAT

Principal Place of Business

Mailing Address

5150 BOCA RATON AVENUE
SARASOTA FL 34234
US

5150 BOCA RATON AVENUE
SARASOTA FL 34234-2909
US

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

59-2348786

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

ELOWSON, DAVID A.
3400 AVENIDA MADEIRA
BRADENTON FL 34210

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 AT
NAME MILLER, MARY
STREET ADDRESS 4772 CALUMENT AVE
CITY-ST-ZIP SARASOTA FL 34234 ☐ Delete

TITLE VP
NAME WILLIAM WELLER
STREET ADDRESS 5013 OAKLAND HILLS
CITY-ST-ZIP SARASOTA, FL 34234 ☒ Change ☐ Addition

TITLE VP
NAME WARD, HOWARD
STREET ADDRESS 1837 BROOKFIELD TERRACE
CITY-ST-ZIP SARASOTA FL ☒ Delete

TITLE AVP
NAME VILO DOBSON
STREET ADDRESS 1724 PALM SPRINGS STREET
CITY-ST-ZIP SARASOTA, FL 34234 ☐ Change ☒ Addition

TITLE T
NAME FOX, CHARLENE
STREET ADDRESS 5150 BOCA RATON AVE
CITY-ST-ZIP SARASOTA FL 34234 ☐ Delete

TITLE D
NAME AUDREY WELLER
STREET ADDRESS 5013 OAKLAND HILLS
CITY-ST-ZIP SARASOTA, FL 34234 ☐ Change ☒ Addition

TITLE D
NAME WELLER, WILLIAM
STREET ADDRESS 5013 OAKLAND HILLS AVE
CITY-ST-ZIP SARASOTA FL 34234 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME WARD, HOWARD
STREET ADDRESS 1837 BROOKFIELD TERRACE
CITY-ST-ZIP SARASOTA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME FOX, NORMAN
STREET ADDRESS 5150 BOCA RATON AVE.
CITY-ST-ZIP SARASOTA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: *Charlene Fox* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-2000

Date

941-355 4045

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE