

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90097 029 *****61.25

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DOCUMENT # 713423

1. Entity Name

THE EVANGELICAL COVENANT CHURCH OF TRI-PAR ESTAT

Principal Place of Business

5150 BOCA RATON AVENUE
 SARASOTA FL 34234
 US

Mailing Address

5150 BOCA RATON AVENUE
 SARASOTA FL 34234
 US

2. Principal Place of Business

3400 Avenida Madera
 Suite, Apt. #, etc.

3. Mailing Address

3400 Avenida Madera
 Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton, FL

4. FEI Number

59-2348786

Applied For

Not Applicable

Zip

34210

Country

US

Zip

34210

Country

US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELOWSON, DAVID A.
 3400 AVENIDA MADEIRA
 BRADENTON FL 34210

7. Name and Address of New Registered Agent

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	WELLER, WILLIAM	
STREET ADDRESS	5013 OAKLAND HILLS	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	AVP	<input checked="" type="checkbox"/> Delete
NAME	DOBSON, VILO	
STREET ADDRESS	1724 PALM SPRINGS STREET	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WELLER, AUDREY	
STREET ADDRESS	5013 OAKLAND HILLS	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WELLER, WILLIAM	
STREET ADDRESS	5013 OAKLAND HILLS AVE	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WARD, HOWARD	
STREET ADDRESS	1837 BROOKFIELD TERRACE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FOX, NORMAN	
STREET ADDRESS	5150 BOCA RATON AVE.	
CITY-ST-ZIP	SARASOTA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AVP/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODLEY, DESMOND	
STREET ADDRESS	4841 Tri-Par Drive	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLER, AUDREY	
STREET ADDRESS	5013 OAKLAND HILLS	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOBSON, VILO	
STREET ADDRESS	1724 PALM SPRINGS	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISHOP, EVELYN	
STREET ADDRESS	5134 BEL-AIR AVENUE	
CITY-ST-ZIP	SARASOTA FL 34234	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, CLIFFORD	
STREET ADDRESS	1842 WOODSTOCK LANE	
CITY-ST-ZIP	SARASOTA FL 34234	

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:

Maureen E. Check
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 28, 2001

Date

941-756-2107

Daytime Phone #

CR2E037 (10/00)