2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 721483 Mar 08, 2000 8:00 am **Secretary of State** RESTORATION FELLOWSHIP OF SARASOTA, INC. 03-08-2000 90083 044 ****61.25 Principal Place of Business Mailing Address 5614 RICHARDSON ROAD 5614 RICHARDSON ROAD SARASOTA FL 34232-2231 SARASOTA FL 34232 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 23-7170160 Not Applicable Zip Country Country \$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 Street Address (P.O. Box Number is Not Acceptable) ROTUNDA, BILL 1832 ORANGEWOOD LN SARASOTA FL 34232 City Zip Code FL 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 Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Change Ch Addition TITI F Delete SD NAME SPANGLER, DIANE NAME GAESSLER, MARY STREET ADDRESS STREET ADDRESS 1301 RUSSELL AVENUE 2779 WOODGATE LANE #35 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL SARASOTA, FL 34231 ☐ Addition TITLE TD X Delete TITLE TD NAME NAME DEMBS, DON JOHNSON, DAVID STREET ADDRESS STREET ADDRESS 4624 EAST LAKE CIRCLE 525 18th AVENUE WEST CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 00000 BRADENTON. FL. 34205 PD ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME MATHIS. GE STREET ADDRESS STREET ADDRESS 3200 SPAINWOOD DR CITY-ST-ZIP CITY-ST-ZIP <u>Sarasota, fl 00000</u> TITLE ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 appears, with all other like empowered.

(941) 371-4735