

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

01-22-2002 90020 027 ****61.25

DOCUMENT # 722399

1. Entity Name

**THIRD CHURCH OF CHRIST, SCIENTIST, SARASOTA, FLO
 RIDA, INC.**

Principal Place of Business

Mailing Address

**7660 CURTISS AVENUE
 SARASOTA FL 34231**

**7660 CURTISS AVENUE
 SARASOTA FL 34231**

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

23-7281257

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

**FLINT, JAMES W
 8599 WOODBRIAR DR
 SARASOTA FL 34238**

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 **CD** ☐ Delete
 NAME **MACINTIRE, JOAN**
 STREET ADDRESS **583 MEADOW SWEET CR.**
 CITY-ST-ZIP **SARASOTA FL 34229**

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

TITLE **T** ☐ Delete
 NAME **FLINT, JAMES W**
 STREET ADDRESS **8599 WOODBRIAR DR**
 CITY-ST-ZIP **SARASOTA FL 34238**

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

TITLE **D** ☐ Delete
 NAME **BOARDMAN, DAWN**
 STREET ADDRESS **7239 CLOISTER DR**
 CITY-ST-ZIP **SARASOTA FL 34231**

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

TITLE **D** ☐ Delete
 NAME **KAPERNIK, BARBARA**
 STREET ADDRESS **7550 FAIRWAY WOODS DR**
 CITY-ST-ZIP **SARASOTA FL 34231**

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

TITLE **D** ☐ Delete
 NAME **GRIFTNER, NANCY**
 STREET ADDRESS **4979 WINDSOR PARK**
 CITY-ST-ZIP **SARASOTA FL 34235**

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

TITLE **D** ☐ Delete
 NAME **ESKEW, KIM G**
 STREET ADDRESS **1680 KELLY LN**
 CITY-ST-ZIP **SARASOTA FL 34232**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James W. Flint, Treas **REQUIRED** **1/8/02** **941-923-7162**

CR2E037 (9/01)