## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 19, 2000 8:00 am Secretary of State **DOCUMENT # 724272** 1. Entity Name BRADENTON UNITED BRETHREN IN CHRIST CHURCH, INC. 01-19-2000 90169 030 \*\*\*\*61.25 Principal Place of Business Mailing Address 3505 5TH ST., E. 3505 5TH ST., E. 603071 **BRADENTON FL 34208-4503 BRADENTON FL 34208** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2246334 Not Applicable \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **火**oKK Street Address (P.O. Box Number is Not Acceptable) KOKKO, DAVID P 627 22 LN E **BRADENTON FL 34208** City BRADENTUN 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition TITLE Delete TITLE NAME BROOKS, DIANE M NAME STREET ADDRESS STREET ADDRESS 2608 87TH CT E CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 ☐ Change Addition Delete TITI F CD TITLE BROOKS, GARY C NAME NAME STREET ADDRESS STREET ADDRESS 2608 87TH CT E. CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 Change ☐ Addition ☐ Delete TITLE KNIÉRIM, MARVENE NAME 3630 KINGSWOOD DR 3630 MARVENE KINGSWOOD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34232 ☐ Addition ☐ Change ☐ Delete TITLE TITLE TR SHOWERS, HUGH NAME NAME STREET ADDRESS STREET ADDRESS 435 30TH AVE W CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** Addition ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: SKRIATURE AND TRESCOR PRINTIED NAME OF SIGNING OFFICER OR DIRECT

January 2001

941-746-678