

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724272

1. Entity Name

BRADENTON UNITED BRETHREN IN CHRIST CHURCH, INC.

Principal Place of Business

3505 5TH ST., E.
BRADENTON FL 34208
US

Mailing Address

3505 5TH ST., E.
BRADENTON FL 34208
US

2. Principal Place of Business

3505 5TH Street EAST

3. Mailing Address

3505 5TH Street EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, Florida

City & State

Bradenton, Florida

Zip

34208

Country

USA

Zip

34208

Country

USA

4. FEI Number

59-2246334

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KORRO, DAVID P ~~Delete~~
5623 5 ST. CT. E.
BRADENTON FL 34203

7. Name and Address of New Registered Agent

Name GARY C. Brooks

Street Address (P.O. Box Number is Not Acceptable)

2608 87th Court East

City

Palmetto

FL

Zip Code

34221

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

Gary C. Brooks GARY C. Brooks

11 July 2001

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

After September 12, 2001, min. will be \$236.25

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	S	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, DIANE M	
STREET ADDRESS	2608 87TH CT E	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, GARY C	
STREET ADDRESS	2608 87TH CT E	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KNIERIM, MARVENE	
STREET ADDRESS	3630 MARVENE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	SHOWERS, HUGH	
STREET ADDRESS	435 30TH AVE W	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HULL, GWEN	
STREET ADDRESS	1608 RIVERSIDE DR	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEOWN, CHUCK	
STREET ADDRESS	1650 CENTER AVE	
CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE	BUDZICK, BRENDA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1654 CENTER AVE	
CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, STEVE	
STREET ADDRESS	1715 DERBYSHIRE RD	
CITY-ST-ZIP	HOLLY HILL, FL 32117	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Chuck McKeown CHUCK MCKEOWN

7-26-01 677-6940

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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)

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