

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725855

1. Entity Name

SARASOTA CHRISTIAN CHURCH INC

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90115 001 ****61.25

Principal Place of Business

Mailing Address

2923 ASHTON RD.
 SARASOTA FL 34231

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 SARASOTA FL 34231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0522313

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STAPLETON, ROY
 7909 MEADOW RUSH LOOP
 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

T
 NAME MILLER, EARL
 STREET ADDRESS 191 DEERFIELD
 CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

T
 NAME DOWNING, LLOYD
 STREET ADDRESS 3941 OAKHURST BLVD
 CITY-ST-ZIP SARASOTA FL 34233 ☒ Delete

T
 NAME FUESTON, HERCHEL
 STREET ADDRESS 4209 NELSON AVE
 CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete

V
 NAME LAGASSE, JIM
 STREET ADDRESS 4632 ATLANTIC AVE
 CITY-ST-ZIP SARASOTA FL 34233 ☐ Delete

P
 NAME STAPLETON, ROY
 STREET ADDRESS 7909 MEADOW RUSH LOOP
 CITY-ST-ZIP SARASOTA FL 34238 ☐ Delete

T
 NAME ZOOK, DAVID
 STREET ADDRESS 1040 BACON AVE
 CITY-ST-ZIP SARASOTA FL 34232 ☒ Delete

☐ Change ☐ Addition
 T
 NAME Mocherman Michael
 STREET ADDRESS 3961 Berkshire Dr
 CITY-ST-ZIP Sarasota, FL 34241 ☐ Change ☒ Addition

☐ Change ☐ Addition
 T
 NAME Catherine Callari
 STREET ADDRESS 3920 Maverick Ave
 CITY-ST-ZIP Sarasota, FL 34233 ☐ Change ☒ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)