

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727718

1. Entity Name

GULF GATE CHURCH, INC.

Principal Place of Business

6501 S. LOCKWOOD RIDGE ROAD  
SARASOTA FL 34231-7141

Mailing Address

6501 S. LOCKWOOD RIDGE ROAD  
SARASOTA FL 34231-7141

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

59-2441318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STRAND, BRIAN  
1671 MOUND ST.  
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name Scott Kolbe

Street Address (P.O. Box Number is Not Acceptable) 7672 39th St. Cir. East

City Sarasota

FL

Zip Code 34243

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)

Position: Finial Team

DATE

4/2/02

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

TITLE ☐ Delete  
NAME PENDLEY, JEFFREY  
STREET ADDRESS 2485 BREAKWATER CIR  
CITY-ST-ZIP SARASOTA FL 34231

TITLE ☐ Delete  
NAME RITCHIE, WILLIAM  
STREET ADDRESS 4215 TARPON RD  
CITY-ST-ZIP VENICE FL 34293

TITLE ☐ Delete  
NAME WALD, ROGER C JR  
STREET ADDRESS 7703 BRITISH OPEN WAY  
CITY-ST-ZIP BRADENTON FL 34202

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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: X JEFFREY PENDLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 17, 2002 8:00 am  
Secretary of State

04-17-2002 90141 009 \*\*\*\*61.25

80068142



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)