

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90031 005 ****61.25

DOCUMENT # 739934

1. Entity Name

TRINITY CHAPEL OF SARASOTA, INC.

Principal Place of Business

**3939 WEBBER STREET
 SARASOTA FL 34232
 US**

Mailing Address

**3939 WEBBER STREET
 SARASOTA FL 34232**

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

59-1941237

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

**NEWELL, GEORGE M.
 7316 PALOMINO PL
 SARASOTA FL 34232**

Name

MARKXDEANX

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

7927 49th Avenue East

City

Bradenton

FL

Zip Code
34203

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 **D** ☐ Delete
 NAME **DIMEO, FRANK**
 STREET ADDRESS **3901 NOTTINGHAM DRIVE**
 CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **Mark Dean**
 STREET ADDRESS **7927 49th Avenue East**
 CITY-ST-ZIP **Bradenton FL 34203**

TITLE **D** ☐ Delete
 NAME **SEEBACH, RANDY**
 STREET ADDRESS **519 HANCOCK AVE.**
 CITY-ST-ZIP **SARASOTA FL**

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

TITLE **D** ☐ Delete
 NAME **PAULEY, CHARLES D**
 STREET ADDRESS **4515 26 ST. WEST APT. 1811**
 CITY-ST-ZIP **BRADENTON FL 34207**

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

TITLE **PD** ☐ Delete
 NAME **NEWELL, GEORGE M**
 STREET ADDRESS **7316 PALOMINO PL**
 CITY-ST-ZIP **SARASOTA FL**

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

TITLE **D** ☐ Delete
 NAME **PIERCE, MICHAEL**
 STREET ADDRESS **526 VIRGINIA DR.**
 CITY-ST-ZIP **BRADENTON FL 34205**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

GEORGE M. NEWELL

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-2001 941-924-4050

Date

Daytime Phone #

CR2E037 (10/00)