

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90089 034 ****61.25

DOCUMENT # 739934

1. Entity Name

TRINITY CHAPEL OF SARASOTA, INC.

Principal Place of Business

Mailing Address

**3939 WEBBER STREET
 SARASOTA FL 34232
 US**

**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 ☒ **5**

\$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

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

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

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

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. 1511**
 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 **DXXX** ☒ Delete
 NAME **PIERCE, MICHAEL XX**
 STREET ADDRESS **126 VIRGINIA DR X**
 CITY-ST-ZIP **BRADENTON FL 34205**

TITLE ☐ Change ☐ Addition
 NAME **DIRECTOR**
 NAME **A.J. Menard**
 STREET ADDRESS **3918 Meadow Creek Lane**
 CITY-ST-ZIP **Sarasota, FL 34233**

TITLE **D** ☒ Delete
 NAME **DEAN, MARK XXX**
 STREET ADDRESS **192X 19TH AVENUE EAST**
 CITY-ST-ZIP **BRADENTON FL 34205**

TITLE **D** ☐ Change ☐ Addition
 NAME
 NAME **Scott Cowan**
 STREET ADDRESS **2720 Wilkinson Road**
 CITY-ST-ZIP **Sarasota, FL 34231**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02 941-922-5048

Date

Daytime Phone #

CR2E037 (9/01)