

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741979

Entity Name

CHURCH OF THE REDEEMER

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90094 029 \*\*\*\*61.25

Principal Place of Business

Mailing Address

222 SOUTH PALM AVE  
SARASOTA FL 34236

222 SOUTH PALM AVE  
SARASOTA FL 34236-6727

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0751911

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

LAMBRECHT, WILLIAM G  
200. SOUTH ORANGE AVE  
SARASOTA FL 34230

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 **JOHNSON, EDWARD R**  
STREET ADDRESS **4800 RIVERVIEW AVENUE**  
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **P** ☐ Change ☒ Addition  
NAME **Fredrick A. Robinson**  
STREET ADDRESS **1525 Gulfview Drive**  
CITY-ST-ZIP **Sarasota FL 34236**

TITLE **SD** ☐ Delete  
NAME **LAMBRECHT, WILLIAM G**  
STREET ADDRESS **1714 S. LAKE SHORE DRIVE**  
CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **D** ☐ Change ☒ Addition  
NAME **John P. Landry**  
STREET ADDRESS **2439 Wisteria Street**  
CITY-ST-ZIP **Sarasota FL 34239**

TITLE **T** ☐ Delete  
NAME **MUEHLMAN, ALBERT J**  
STREET ADDRESS **7600 CALLE FACIL**  
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **D** ☐ Change ☒ Addition  
NAME **Thomas Cosentino**  
STREET ADDRESS **2260 Wason Road**  
CITY-ST-ZIP **Sarasota FL 34231**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Imogene C. Brower**  
STREET ADDRESS **988 Boulevard of the Arts #1417**  
CITY-ST-ZIP **Sarasota FL 34236**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Dr. S. Preston Clement, Jr.**  
STREET ADDRESS **1500 South Lodge Drive**  
CITY-ST-ZIP **Sarasota FL 34239**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Philip L. Conover**  
STREET ADDRESS **8218 Cypress Hollow Drive**  
CITY-ST-ZIP **Sarasota FL 34238**

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:

*Fredrick A. Robinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 April 2000 (941) 955-4263  
Date Daytime Phone #

CR2E037 (9/99)