

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746982

1. Entity Name

CHURCH OF CHRIST AT CARROLLWOOD, INC.

Principal Place of Business

13345 CASEY RD
TAMPA FL 33624

Mailing Address

13345 CASEY RD
TAMPA FL 33624

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLOAN, RICHARD DANA
18404 CITATION STREET
LUTZ FL 33549

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

After September 12, 2001, min. will be \$236.25

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 NAME	TR STEPHENSON, J R, SR	<input type="checkbox"/> Delete
STREET ADDRESS	14139 17TH STREET	
CITY-ST-ZIP	DADE CITY, FL 00000	
TITLE NAME	TR SLOAN, RICHARD DANA	<input type="checkbox"/> Delete
STREET ADDRESS	18404 CITATION STREET	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE NAME	TR MITCHELL, L WAYNE	<input type="checkbox"/> Delete
STREET ADDRESS	14419 WADSWORTH DR	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE NAME	TR POPE, JESSE CURTIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9403 ALANBROOKE ST	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	→ 33525
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	400004627424--3
CITY-ST-ZIP	10/08/01--01080--004
	****245.00 ****245.00
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Richard Dana Sloan REQUIRED RICHARD D. SLOAN 9-19-01 813-961-9193

FILED

01 SEP 28 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

7001

4. FEI Number 59-2872352

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

CR2E037 (5/01)

LS