

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 748850**

1. Entity Name

**CENTRAL CHURCH OF CHRIST OF SARASOTA, FLORIDA, I**

Principal Place of Business

**6221 PROCTOR ROAD  
SARASOTA FL 34241**

Mailing Address

**6221 PROCTOR ROAD  
SARASOTA FL 34241**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1973680**

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

Name

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

City

**FL**

Zip Code

**MERRITT, WILLIAM H  
2919 DICK WILSON DRIVE  
SARASOTA FL 34240**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CUTSINGER, RON	
STREET ADDRESS	1225 MANSOTA BEACH ROAD	
CITY-ST-ZIP	ENGLEWOOD FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	ALEXANDER, TODD	
STREET ADDRESS	1719 FESSLER STREET	
CITY-ST-ZIP	ENGLEWOOD FL 34233	

TITLE	D	<input type="checkbox"/> Delete
NAME	GOODMAN, MARC	
STREET ADDRESS	6331 YELLOW TOP DRIVE	
CITY-ST-ZIP	BRADENTON FL 34202	

TITLE	STD	<input type="checkbox"/> Delete
NAME	MERRITT, WILLIAM H	
STREET ADDRESS	2919 DICK WILSON ROAD	
CITY-ST-ZIP	SARASOTA FL 34240	

TITLE	D	<input type="checkbox"/> Delete
NAME	HORN, RONALD E	
STREET ADDRESS	6943 HAWKINS RD	
CITY-ST-ZIP	SARASOTA FL 34241	

TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, ROSS	
STREET ADDRESS	3208 CRYSTAL LAKES COURT	
CITY-ST-ZIP	SARASOTA FL 34235	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 19, 2001 8:00 am**  
**Secretary of State**

01-19-2001 90013 006 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)