

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90024 002 ****61.25

DOCUMENT # 748850

1. Entity Name

CENTRAL CHURCH OF CHRIST OF SARASOTA, FLORIDA, INC.

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 & State

City & 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

**MERRITT, WILLIAM H
 2919 DICK WILSON DRIVE
 SARASOTA FL 34240
 34238**

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 **PD** ☐ Delete
 NAME **CUTSINGER, RON**
 STREET ADDRESS **1225 MANSOTA BEACH ROAD**
 CITY-ST-ZIP **ENGLEWOOD FL**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **FAT LANE**
 STREET ADDRESS **6688 DICK POND LANE**
 CITY-ST-ZIP **SARASOTA, FL 34240**

TITLE **D** ☐ Delete
 NAME **ALEXANDER, TODD**
 STREET ADDRESS **1719 FESSLER STREET**
 CITY-ST-ZIP **ENGLEWOOD FL 34233**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **TEDD STEVENS**
 STREET ADDRESS **4407 79TH AVE PLAZA EAST**
 CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE **D** ☐ Delete
 NAME **GOODMAN, MARC**
 STREET ADDRESS **6331 YELLOW TOP DRIVE**
 CITY-ST-ZIP **BRADENTON FL 34202**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **OTTO WALTER**
 STREET ADDRESS **3317 49TH AVE EAST**
 CITY-ST-ZIP **BRADENTON, FL 34203**

TITLE **STD** ☐ Delete
 NAME **MERRITT, WILLIAM H**
 STREET ADDRESS **2919 DICK WILSON ROAD**
 CITY-ST-ZIP **SARASOTA FL 34240**

TITLE ☒ Change ☐ Addition
 NAME **5090 CENTRAL SARASOTA PARKWAY # 209**
 STREET ADDRESS **SARASOTA FL 34238**
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **HORN, RONALD E**
 STREET ADDRESS **6943 HAWKINS RD**
 CITY-ST-ZIP **SARASOTA FL 34241**

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

TITLE **D** ☐ Delete
 NAME **THOMPSON, ROSS**
 STREET ADDRESS **3208 CRYSTAL LAKES COURT**
 CITY-ST-ZIP **SARASOTA FL 34235**

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.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/02 941-924-2057

CR2E037 (9/01)