

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750949

1. Entity Name

CHRIST EPISCOPAL CHURCH OF BRADENTON, INC.

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90035 018 ****61.25

00018733



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4030 MANATEE AVENUE WEST
BRADENTON FL 34205-1717

Mailing Address

4030 MANATEE AVENUE WEST
BRADENTON FL 34205-1717

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-0917272

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

KEZAR, DENNIS D.
4030 MANATEE AVENUE WEST
BRADENTON FL 34205

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 NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS, KEN 859 49TH ST CT W BRADENTON FL 34209	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEZAR, DENNIS D. 1620 70 ST CT E BRADENTON FL 34208	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUPONT, RIP, 7826 SEVILLE CIRCLE BRADENTON FL 34209	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAPERRIERE, LARI 607 133RD ST EAST BRADENTON FL 34202	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARGEROS, JOHN 5920 RIVERVIEW BLVD BRADENTON FL 34209	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS, LINDA 7808 SAN JUAN AVE BRADENTON FL 34209	☐ Delete

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

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 #

1/4/2001 (944) 747-3209

CR2E037 (10/00)