

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760218

1. Entity Name

FAIRMONT PARK CHURCH OF CHRIST, INC.

Principal Place of Business

301 38TH STREET NORTH
ST PETERSBURG FL 33713
US

Mailing Address

301 38TH STREET NORTH
ST PETERSBURG FL 33713
US

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

59-2915164

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

SAPP, LENWOOD SR.
301 38TH STREET NORTH
ST PETERSBURG FL 33713

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

Lenwood Sapp

3-11-01

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 ☐ Delete
PMD
SAPP, LENWOOD SR.
STREET ADDRESS
3510 QUEENSBORO AVENUE S.
CITY-ST-ZIP
ST PETERSBURG FL 33712

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

TITLE NAME ☒ Delete
CTD
WALKER, VINCENT
STREET ADDRESS
4311 HAVAREZ WAY SOUTH
CITY-ST-ZIP
ST. PETERSBURG FL 33712

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
Director
Charles L. Robinson
2135 Beach Drive SE #1
St. Petersburg, Florida 33705

TITLE NAME ☐ Delete
SVD
JERNIGAN, LLOYD A JR.
STREET ADDRESS
1805 56TH PLACE SOUTH, APT. B
CITY-ST-ZIP
ST PETERSBURG FL 33713

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ 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: *Lenwood Sapp*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-01

Date

727-743-4950

Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE

04-30-2001 90081 016 ****61.25