# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 13, 2001 08:00 AM**
**Secretary of State**

DOCUMENT # 765909

1. Entity Name
HARVEST TABERNACLE OF SARASOTA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 209 N. LIME AVENUE | 209 N. LIME AVENUE |
| SARASOTA FL 34237 | SARASOTA FL 34236 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| | 209 N. LIME AVENUE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State: SARASOTA FL |
| Zip / Country | Zip: 34237 / Country |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2186807 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MINOR MARGARET G
3111 49TH ST.
SARASOTA FL
34234 US

**7. Name and Address of New Registered Agent**

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 _____ 04/13/2001
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 | D<br>MINOR JAMES R<br>4085 -47TH ST.<br>SARASOTA FL 34235 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>AMMONS CLEO<br>1210 29TH ST. E<br>PALMETTO FL 34221 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WAINRIGHT RON<br>728 OCEAN AVE<br>SARASOTA FL 34237 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WAINRIGHT RON<br>728 DEAN AVE<br>SARASOTA FL 34237 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VST<br>MINOR MARGARET G<br>3111 49TH ST.<br>SARASOTA FL 34234 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>MINOR, JAMES<br>3111 49TH STREET<br>SARASOTA FL 34234 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>MINOR JAMES W<br>3111 49TH STREET<br>SARASOTA FL 34234 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (11/00)

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:** MARGARET G MINOR VST 04/13/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #