

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90024 046 ****61.25

DOCUMENT # N01000008781

1. Entity Name

SUNCOAST CHRISTIAN CENTER, INC.

Principal Place of Business

Mailing Address

**700 GATLIN AVE
 ORLANDO FL 32806**

**PO BOX 6824
 SPRING HILL FL 34611**

2. Principal Place of Business

3. Mailing Address

13237 Branchville Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Spring Hill, FL

City & State

4. EFL Number

59-3760477

Applied For

Not Applicable

Zip

Country

34609

Hernando

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

**STURTEVANT, RICK D
 700 GATLIN AVE
 ORLANDO FL 32806**

Name

Rick D. Sturtevant

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

13237 Branchville Rd

City

Spring Hill

FL

Zip Code

34609

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Rick D. Sturtevant**

[Signature]

09-05-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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 **PTD** ☐ Delete
 NAME **STURTEVANT, RICK D**
 STREET ADDRESS **700 GATLIN AVE**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **PTD** ☐ Change ☐ Addition
 NAME **Rick D. Sturtevant**
 STREET ADDRESS **13237 Branchville Rd**
 CITY-ST-ZIP **Spring Hill, FL 34609**

TITLE **VSD** ☐ Delete
 NAME **STURTEVANT, LISA K**
 STREET ADDRESS **700 GATLIN AVE**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **VSD** ☐ Change ☐ Addition
 NAME **Lisa K. Sturtevant**
 STREET ADDRESS **13237 Branchville Rd**
 CITY-ST-ZIP **Spring Hill, FL 34609**

TITLE **D** ☐ Delete
 NAME **STURTEVANT, RYAN D**
 STREET ADDRESS **700 GATLIN AVE**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **D** ☐ Change ☐ Addition
 NAME **Ryan D. Sturtevant**
 STREET ADDRESS **13237 Branchville Rd**
 CITY-ST-ZIP **Spring Hill, FL 34609**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **Rick D. Sturtevant** **09-05-02** **352-688-0118**

CR2E037 (4/02)