

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26310

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF SARASOTA, FLORIDA,

**FILED**  
**Jun 16, 2000 8:00 am**  
**Secretary of State**

06-16-2000 90112 040 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2050 OAK STREET  
 SARASOTA FL 34237

2050 OAK STREET  
 SARASOTA FL 34237-7038  
 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

59-0751920

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STOTTELMYER, CHARLES E  
 340 S. PALM AVE  
 APT 103  
 SARASOTA FL 34237

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	VP	<input type="checkbox"/> Delete
NAME	ARBUCKLE, WILLIAM I. I	
STREET ADDRESS	5625 FORESTER LK DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOLMES, CHARLES W III	
STREET ADDRESS	4241 PALACIO DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STOTTELMYER, CHARLES E	
STREET ADDRESS	340 S. PALM AVE #103	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	HAWKINS, ROBERT F	
STREET ADDRESS	609 S OWL DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael B. Brown	
STREET ADDRESS	1720 Shoreland Dr.	
CITY-ST-ZIP	Sarasota, FL 34239-5033	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kay Steinman	
STREET ADDRESS	4908 Wood Pointe Way	
CITY-ST-ZIP	Sarasota, FL 34233	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/00

941-955-8119

Date

Daytime Phone #

CR: E037 (9/99)