

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 14, 2001 8:00 am
Secretary of State

06-14-2001 90007 045 ****61.25

DOCUMENT # N26310

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF SARASOTA, FLORIDA,

LA

Principal Place of Business

2050 OAK STREET
 SARASOTA FL 34237

Mailing Address

2050 OAK STREET
 SARASOTA FL 34237-093
 US

AUU72300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0751920**

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

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

Name **JOHN W. SCHAUB, III**
 Street Address (P.O. Box Number is Not Acceptable) **~~XXXXXXXXXX~~ 1938 RINGLING BLVD**
 City **SARASOTA FL** Zip Code **34237-1034**

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

JOHN W. SCHAUB, III; PRESIDENT 05/18/01

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	VP	<input checked="" type="checkbox"/> Delete
NAME	ARBUCKLE, WILLIAM I. I	
STREET ADDRESS	5625 FORESTER LK DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HOLMES, CHARLES W III	
STREET ADDRESS	4241 PALACIO DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STOTTLEMYER, CHARLES E	
STREET ADDRESS	340 S. PALM AVE #103	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DT	<input checked="" 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	VP & TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD W. BAUM	
STREET ADDRESS	2045 GULF OF MEXICO DR. APT 616	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228-3234	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL B. BROWN	
STREET ADDRESS	4762 WATERMARK LANE	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN W. SCHAUB, III	
STREET ADDRESS	1332 HARBOR DR	
CITY-ST-ZIP	SARASOTA, FL 34239-2012	
TITLE		<input checked="" 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 REQUIRED

05/18/01 942-955-8119