

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N35820**  
 1. Entity Name  
**GRACE BIBLE CHURCH OF SARASOTA, INC.**

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90188 031 \*\*\*\*61.25

Principal Place of Business Mailing Address  
**3438 MELODY LANE**  
**SARASOTA, FL 34237**  
**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 **65-0141138** 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

**JOHANSSON, CLAY**  
**4903 CEDAR OAK WAY**  
**SARASOTA, FL 34233**

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	SNIDER, RON	
STREET ADDRESS	3438 MELODY LN	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SNIDER, RON	
STREET ADDRESS	3438 MELODY LANE	
CITY-ST-ZIP	SARASOTA FL 34237	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHANSSON, CLAY	
STREET ADDRESS	4903 CEDAR OAK WAY	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SWOFFORD, MICHAEL	
STREET ADDRESS	5032 BELMEADE DR	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	NEW ADDRESS
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	NEW 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: **CLAY W. JOHANSSON** *Clay W. Johansson* 4/12/2000 941-356-6080  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)