

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40825

1. Entity Name

CHARIS CENTER, INC.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90003 043 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4041 BAHIA VISTA STREET  
SARASOTA FL 34232-2421

4041 BAHIA VISTA STREET  
SARASOTA FL 34232-2421

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

65-0235200

Applied For

Not Applicable

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

DENLINGER, GLEN  
4041 BAHIA VISTA ST  
SARASOTA FL 34232

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

3/21/00

**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 **S** ☒ Delete  
NAME **COLLINS, CHRIS**  
STREET ADDRESS **3920 BEE RIDGE RD. BLDG C-D**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **Rev. Bill Nelson**  
STREET ADDRESS **700 E. Dearborn St.**  
CITY-ST-ZIP **Englewood, FL 34223**

TITLE **V** ☐ Delete  
NAME **VANDERWILT, JUDY**  
STREET ADDRESS **5679 FORESTER POND AVE**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **Danny Miller**  
STREET ADDRESS **1465 Fox Creek Dr.**  
CITY-ST-ZIP **Sarasota, FL 34240**

TITLE **DS** ☐ Delete  
NAME **MILLER, DANIEL**  
STREET ADDRESS **4310 CACTUS AVE**  
CITY-ST-ZIP **SARASOTA FL 34231**

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

TITLE **C** ☐ Delete  
NAME **PLANK, ED**  
STREET ADDRESS **4583 TRAILS DRIVE**  
CITY-ST-ZIP **SARASOTA FL**

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

TITLE **D** ☐ Delete  
NAME **MARSDEN, RICK FATHER**  
STREET ADDRESS **222 S. PALM AVE**  
CITY-ST-ZIP **SARASOTA FL 34236**

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

TITLE **D** ☐ Delete  
NAME **CHRISTOPHEL, LEVON**  
STREET ADDRESS **2873 S. SHADE AVE**  
CITY-ST-ZIP **SARASOTA FL 34239**

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 life empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/21/00

(941) 378-1549

CR2E037 (9/99)