

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90022 027 ****61.25

DOCUMENT # N45386

1. Entity Name

BRADENTON REVIVAL TEMPLE INC.

Principal Place of Business

Mailing Address

721 MANATEE AVE W
BRADENTON FL 34205
US

721 MANATEE AVE W
BRADENTON FL 34205-0645
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2346969

Applied For

Not

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

Name

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

City

FL

Zip Code

PARSON, TERRY W.
721 MANATEE AVE W.
BRADENTON FL 34205

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

TITLE ☐ Delete

NAME DPTS
STREET ADDRESS PARSON, TERRY W.
CITY-ST-ZIP 2908 7TH AVE. W.
BRADENTON FL

TITLE ☒ Delete

NAME DV
STREET ADDRESS PARSON, HALLIE E
CITY-ST-ZIP 2908 7TH AVE W
BRADENTON FL 34205

TITLE ☐ Delete

NAME D
STREET ADDRESS BOWMAN, INEZ L
CITY-ST-ZIP 3720 14TH ST W LOT 30
BRADENTON FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒

NAME DV
STREET ADDRESS RANDAL W. Parson
CITY-ST-ZIP 1385 45th St.
Sarasota FL 34234

TITLE ☐ Change ☐

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. STANLEY PARSON

1-7-00 941-747-0229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #