

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000600

1. Entity Name

THE ISLAMIC SOCIETY OF SARASOTA AND BRADENTON, I

FILED

00 APR 27 PM 2:08

Principal Place of Business

4350 N. LOCKWOOD RIDGE RD.
SARASOTA FL 34234

Mailing Address

P.O. BOX 17954
SARASOTA FL 34209-7626

3/31/00

SECRETARY OF STATE
90012103EE.FL000A
\$80.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0469038

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

JABER, HASSAN
1568 LANDING TERRACE
SARASOTA FL 34231

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

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	PTD	<input type="checkbox"/> Delete
NAME	JABER, HASSAN	
STREET ADDRESS	1568 LANDING TERRACE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	ETYEM, TOUFICK	
STREET ADDRESS	3163 57TH AVE CIR E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	TI	<input checked="" type="checkbox"/> Delete
NAME	MOUSSA, SOLIMAN H	
STREET ADDRESS	4701 LONGLAKE DR.	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HASSAN, HUSSEIN	
STREET ADDRESS	6425 39TH AVE WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	MT	<input checked="" type="checkbox"/> Delete
NAME	HASSAN, MAHOMED SHIRAZ	
STREET ADDRESS	P.O. BOX 25393	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Sarasota, FL 34243	
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	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hassan, Mohamed Shiraz	
STREET ADDRESS	6224 45th Ave Dr. East	
CITY-ST-ZIP	Bradenton, FL 34203	
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fh'es, Youssef	
STREET ADDRESS	908 70th Dr. East	
CITY-ST-ZIP	Sarasota, FL 34243	LS

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00

Date

(941) 745-7351

Daytime Phone *

CP2E037 (9/99)