

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002737

1. Entity Name

GENTLE SPIRIT'S REVIVAL, INC.

FILED

Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90065 005 ****61.25

Principal Place of Business

PO BOX 1951
ANNA MARIS FL 34216

Mailing Address

PO BOX 1951
ANNA MARIS FL 34216

2. Principal Place of Business

P.O. Box 14351

3. Mailing Address

P.O. Box 14351

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

Bradenton FL

4. FEI Number

65-0758463

Applied For

Not Applicable

Zip

34280

Country

USA

Zip

34280

Country

USA

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

LEECH, ROBBIE L
710 JACARANDA RD
ANNA MARIA FL 34216

Name

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

6507 Riverview Blvd

City

Bradenton

FL

Zip Code

34209

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

Robbie L. Leech

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-6-02

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 PD ☐ Delete
NAME LEECH, ROBBIE L
STREET ADDRESS POST OFFICE BOX 1937
CITY-ST-ZIP ANNA MARIA FL 34216

TITLE ☐ Change ☒ Addition
NAME Howe, Debra A.
STREET ADDRESS 1809 4th St. W.
CITY-ST-ZIP Palmetto, FL 34221

TITLE D ☐ Delete
NAME RICKERT, KITTY
STREET ADDRESS 506 63RD ST W
CITY-ST-ZIP BRADENTON FL 34209

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

TITLE D ☒ Delete
NAME WILMORE, BEV
STREET ADDRESS 6500 FLOTILLA DRIVE, #172
CITY-ST-ZIP BRADENTON BEACH FL 34217

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

TITLE D ☒ Delete
NAME GARCIA, ELOISA
STREET ADDRESS 501 ST ANDREWS DRIVE
CITY-ST-ZIP SARASOTA FL 34243

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

TITLE T ☒ Delete
NAME BROWNEWELL, SUSAN
STREET ADDRESS PO BOX 737
CITY-ST-ZIP ANNA MARIA FL 34246

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

TITLE S ☐ Delete
NAME WALKER, GRETTE
STREET ADDRESS 3405 47TH AVE E
CITY-ST-ZIP BRADENTON FL 34203

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 like empowered.

SIGNATURE:

Robbie L. Leech

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-02 *941-795-1353*

Date

Daytime Phone #

CR2E037 (9/01)