2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State
02-13-2001 90017 036 ****61.25

DOCUMENT # N97000005602

1. Entity Name

SARASOTA MENNONITE RELIEF CENTER, INC.

Principal Place of Business	Mailing Address
3630 BIRKY ST SARASOTA FL 34232	1001 NORTH WASHINGTON BLVD. SARASOTA FL 34236

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3477181 — 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
MILLER, LLOYD 3493 CRYSTAL LAKES CT SARASOTA FL 34235	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	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LLOYD MILLER	NAME	
STREET ADDRESS	3493 CRYSTAL LKS CT	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34235	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ANDY NISLEY	NAME	
STREET ADDRESS	2881 SARASOTA GOLF CLUB BLVD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34240	CITY-ST-ZIP	
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CYNTHIA AESCHLIMAR	NAME	
STREET ADDRESS	7206 16TH AVE NW	STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34209	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	YUTZY, MARTHA	NAME	
STREET ADDRESS	3657 SOMMERVILLE DR	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCHLOBACH, LARRY	NAME	
STREET ADDRESS	7901 CAMPBELL ST	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34240	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MAYER, LORETTA	NAME	
STREET ADDRESS	1011 S. ALLENDALE AVE.	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34237-8603	CITY-ST-ZIP	

CR2E037 (10/00)

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: SEAT P. NELLIRED 2/08/01 941-355-8995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #