

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # N99000006510

1. Entity Name

CHARIS CENTER FOUNDATION, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

04-12-2000 90009 029 ****61.25

Principal Place of Business

Mailing Address

4041 BAHIA VISTA STREET
SARASOTA FL 34232

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



DO NOT WRITE IN THIS SPACE

now have

4. FEI Number

105-0997172

☒ 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

WILKIE, BARRIE
4041 BAHIA VISTA STREET
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

Barrie Wilkie

3/21/00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	PLANK, ED	4583 TRAILS DR.	SARASOTA FL 34232		
D	Levon Christopher	2873 S. Shade Ave.	Sarasota, FL 34237		
D	Danny Millar	1465 Fox Creek Drive	Sarasota FL 34240		

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:

Ed Plank

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

Date

(941) 378-1549

Daytime Phone #

CR2E037 (9/99)