

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000047994

1. Entity Name

NATIONAL CHURCH MANAGEMENT SERVICES, INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90042 014 \*\*\*150.00

Principal Place of Business

4460 NORTHGATE CT  
 SARASOTA FL 34234

Mailing Address

4460 NORTHGATE CT  
 SARASOTA FL 34235-8102

2. Principal Place of Business

3650 17th Street

Suite, Apt. #, etc.

3. Mailing Address

3650 17th Street

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FL

Zip

34235

Country

US

City & State

Sarasota, FL

Zip

34235

Country

US

4. FEI Number

65-0676044

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

Name

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

3650 17th Street

City

Sarasota,

FL

Zip Code

34235

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

*Donald W. Struble*

Donald W. Struble  
 President

4/25/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	STRUBLE, DONALD W	
STREET ADDRESS	1910 ROLLING GREEN CIR	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	DS	<input type="checkbox"/> Delete
NAME	STRUBLE, PAULA A	
STREET ADDRESS	1910 ROLLING GREEN CIR	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	DT	<input type="checkbox"/> Delete
NAME	FLETCHER, GERALD E	
STREET ADDRESS	5215 BUCKEYE RD	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Donald W. Struble*

Donald W. Struble  
 President

4/25/00

941-951-6486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #