

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90081 037 \*\*\*150.00

062311 AV

**DOCUMENT # P98000078648**

1. Entity Name

**BRIGHT BEGINNINGS OF SARASOTA, INC.**

Principal Place of Business

**3560 BEE RIDGE RD  
 SARASOTA FL 34239**

Mailing Address

**3560 BEE RIDGE RD  
 SARASOTA FL 34239**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0869903**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LOPEZ, E. JOHN  
 1819 MAIN ST, STE 610  
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name **DAVID MCCOY**  
 Street Address (P.O. Box Number is Not Acceptable) **3560 Bee Ridge Rd.**  
 City **SARASOTA** FL Zip Code **34239**

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 **Pastor David McCoy**

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

(NOTE: Registered Agent signature required when relating)

**3-14-02**

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, 2002 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

TITLE **DS** ☐ Delete  
 NAME **STAHLSCMIDT, BARBARA J**  
 STREET ADDRESS **2709 ESPANOLA AVE**  
 CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **D** ☒ Delete  
 NAME **CULP, ELWOOD J**  
 STREET ADDRESS **1989 WOOD HOLLOW LN**  
 CITY-ST-ZIP **SARASOTA FL 34235**

TITLE **D** ☒ Delete  
 NAME **ARROWSMITH, K LEE**  
 STREET ADDRESS **2269 OAK STREET E**  
 CITY-ST-ZIP **SARASOTA FL 34232-6809**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **DIRECTOR** ☒ Change ☐ Addition  
 NAME **Elizabeth Sloan**  
 STREET ADDRESS **5306 Brookmeade Dr.**  
 CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **DIRECTOR** ☒ Change ☐ Addition  
 NAME **SALLY Thornhill**  
 STREET ADDRESS **3010 E Forest LAKE DR**  
 CITY-ST-ZIP **SARASOTA, FL 34232**

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

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

TITLE ☐ Change ☐ 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: **Barbara Stahl Schmidt**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-14-02** Designation # **90-924-276**

CR2E034 (9/01)