

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

01-30-2002 90012 019 ****61.25

DOCUMENT # 701400

1. Entity Name

LAKEWOOD UNITED CHURCH OF CHRIST, INC.

Principal Place of Business

Mailing Address

2601 54TH AVE. S.
SAINT PETERSBURG FL 337122601 54TH AVE. S.
SAINT PETERSBURG FL 33712

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

59-1234689

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

WELLS, KIM (REV.)
1818 FOLLOW THRU RD NORTH
ST PETERSBURG FL 33710

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 \$61.259. 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 ☐ Delete
 NAME D
 STREET ADDRESS PARSONS, WILLIAM H
 CITY-ST-ZIP 4220 NARVAEZ WAY SOUTH
 ST PETERSBURG FL

TITLE ☐ Change ☒ Addition
 NAME Treasurer
 STREET ADDRESS Ronald E Ryan
 CITY-ST-ZIP 3001 59th Ave S
 ST PETERSBURG, FL 33712

TITLE ☐ Delete
 NAME P
 STREET ADDRESS BYRD, MARY
 CITY-ST-ZIP 2237 BONITA WAY S
 ST PETERSBURG FL 33712

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS KASPAR, EVELYN
 CITY-ST-ZIP 2993 61ST AVE. SO
 ST PETERSBURG FL

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

TITLE ☐ Delete
 NAME ~~Director~~
 STREET ADDRESS WITZLEBEN III, EUGENE A
 CITY-ST-ZIP 7035 10TH ST S
 SAINT PETERSBURG FL 33705

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/02

727-865-0045

CR2E037 (9/01)