

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90134 036 \*\*\*\*70.00

**DOCUMENT # 703489**  
 1. Entity Name  
**RIVERVIEW METHODIST CHURCH OF ORMOND BEACH, FLA.**

Principal Place of Business 2253 JOHN ANDERSON DR ORMOND BEACH FL 32176-9838	Mailing Address 2253 JOHN ANDERSON DR ORMOND BEACH FL 32176-2838
--	--



DO NOT WRITE IN THIS SPACE

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 **59-1149255** | Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SHARE, FRED, ESQ**  
**1092 RIDGEWOOD AVE**  
**HOLLY HILL FL 32117**

7. Name and Address of New Registered Agent  
 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 Share, Fred, Esq 1/18/2000  
Signatura, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
-------------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD SPERRY, LEN <input type="checkbox"/> Delete 908 WOODSTREAM LANE ORMOND BCH FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC CARPENTER, RAY <input type="checkbox"/> Delete 3600 OCEAN SHORE BLVD #213 FLGLER BCH FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAB SMERGLIA, EULA <input type="checkbox"/> Delete 25 SAN JOSE DRIVE ORMOND BEACH. FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEINMANN, TIFFANY <input type="checkbox"/> Delete 6 RIVOCEAN DR ORMOND BEACH FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBD JOHNSON, CHARLES <input type="checkbox"/> Delete 4 WATER OAK CIR ORMOND BEACH FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SBT COOK, LOUISE <input type="checkbox"/> Delete 15 SEA HARBOR DR. W. ORMOND BEACH FL 32176

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD DiPardo, Anthony <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 431 Triton Road Ormond Beach, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Copeland, David <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21 Sunrise Avenue Ormond Beach, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBD Steinmann, Geno <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6 Rivocean Drive Ormond Beach, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #