## 2000 UNIFORM BUSINESS REPORT (UBR)

an address, with all other like empowered

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

changed, or on an attachment wit

SIGNATURE:

## **FILED** DOCUMENT # **703677** May 17, 2000 8:00 am 1. Entity Name Secretary of State MIRAMAR UNITED METHODIST CHURCH, INC. 05-17-2000 90864 034 \*\*\*\*61.25 Mailing Address Principal Place of Business 2507 UTOPIA DRIVE 2507 LITOPIA DRIVE MIRAMAR FL 33023-4526 MIRAMAR FL 33023 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1149968 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent . . . 6.-Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SALMON, LEIGHTON 9913 SW 16TH ST PEMBROKE PINES FL 33025 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 DATE 8 N<u>. 649</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. D Change Addition ☐ Delete TITLE TITLE CARVALHO, Bruce NAME NAME REID. NATHAN 7642 Tropicana Street STREET ADDRESS STREET ADDRESS 2270 DESOTO DR Miramar, FL 33023 CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33023 Addition Change TITLE TITLE D 🔀 Delete DRY, William NAME BERNDT, A J JR NAME 531 N. 70th Way STREET ADDRESS STREET ADDRESS 7825 JUNIPER ST 7 33024 Hollywood, FL CITY-ST-ZIP CITY-ST-ZIP <u>Miramar FL 33023</u> ☐ Change X Addition TITLE TITLE ☐ Delete NAME YOUNG, David 2440 Oleander Drive NAME **MULLINGS, SAMFORD** STREET ADDRESS STREET ADDRESS 3060 THAMES WAY 33023 CiTY-ST-7IP Miramar FL CITY-ST-ZIP MIRAMAR FL 33025 ☐ Change ★ Addition **X** Delete TITLE GROSSMAN, Jeanne NAME **BROWN, GEORGE** 8342 S. Missionwood Circle STREET ADDRESS STREET ADDRESS 6641 HOOD ST 33025 Miramar, FL CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL 33024 Addition ☐ Delete TITLE Change TITLE SAMUELS, Tony NAME SPRAKER, JAMES Terrace STREET ADDRESS 4017 S. Lake STREET ADDRESS 10359 GROVE ST CITY-ST-ZIP Miramar FL33023 CITY-ST-ZIP COOPER CITY FL 33328 ☐ Delete Change ☐ Addition TITLE NAME NAME MINOTT, HORACE STREET ADDRESS STREET ADDRESS 137. NW 91ST AVE CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL 33024 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 eath; 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