

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90001 041 \*\*\*\*61.25

**DOCUMENT # 706399**

1. Entity Name

**TRINITY UNITED METHODIST CHURCH OF NORTH PORT IN**

Principal Place of Business

Mailing Address

**NORTH PORT INCORPORATED  
 4285 WESLEY LANE  
 NORTH PORT FL 34287-1688  
 US**

**NORTH PORT INCORPORATED  
 4285 WESLEY LANE  
 NORTH PORT FL 34287-1647  
 US**

1647



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1858899**

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

**URBAN, LOUIS  
 1122 MARCH DRIVE  
 PORT CHARLOTTE FL 33953**

Name **LOUIS URBAN**

Street Address (P.O. Box Number is Not Acceptable)  
**1122 MARCH DRIVE**

City **PORT CHARLOTTE FL** Zip Code **33953**

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 *Louis Urban* **LOUIS URBAN**

**3/1/00**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. 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 **VCTR**  Delete  
 NAME **CASHNER, JOHN**  
 STREET ADDRESS **114 RARATONGA RD**  
 CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **VCTR**  Change  Addition  
 NAME **WILLIAM RINGER**  
 STREET ADDRESS **3495 LOG CABIN RD.**  
 CITY-ST-ZIP **NORTH PORT, FL 34286**

TITLE **CTR**  Delete  
 NAME **NORMAN, BILL**  
 STREET ADDRESS **1122 MARCH DR**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33953**

TITLE **CTR**  Change  Addition  
 NAME **LOUIS URBAN**  
 STREET ADDRESS **1122 MARCH DRIVE**  
 CITY-ST-ZIP **PORT CHARLOTTE, FL 33953**

TITLE **TR**  Delete  
 NAME **FERRY, RICHARD**  
 STREET ADDRESS **447 MADRE**  
 CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **TR**  Change  Addition  
 NAME **JAMES CAVANAGH**  
 STREET ADDRESS **8526 PORTO BELLO AVE.**  
 CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE **STR**  Delete  
 NAME **URBAN, BEVERLY**  
 STREET ADDRESS **1122 MARCH DR**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33953**

TITLE **TR**  Change  Addition  
 NAME **LIBBY CASHNER**  
 STREET ADDRESS **114 RARATONGA RD.**  
 CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE **TR**  Delete  
 NAME **KORNEGAY, DAVID**  
 STREET ADDRESS **23331 MOOREHEAD AVE**  
 CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE **TR**  Change  Addition  
 NAME **JANE SMITHSON**  
 STREET ADDRESS **7979 JEFFREY AVE.**  
 CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE **TR**  Delete  
 NAME **COATS, JOANNE**  
 STREET ADDRESS **2885 MUGLONE LANE**  
 CITY-ST-ZIP **NORTH PORT FL 34286**

TITLE **TR**  Change  Addition  
 NAME **DONALD COATS**  
 STREET ADDRESS **2885 MUGLONE LANE**  
 CITY-ST-ZIP **NORTH PORT, FL 34286**

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: *REGUIRANE W. WATERS* **REGUIRANE W. WATERS**

**3-1-00 (941)426-1734**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)