

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90020 010 ****61.25

DOCUMENT # 723567

1. Entity Name

WESLEY UNITED METHODIST CHURCH OF MARCO ISLAND,

Principal Place of Business

**350 SOUTH BARFIELD DRIVE
MARCO ISLAND FL 34145
US**

Mailing Address

**350 SOUTH BARFIELD DRIVE
MARCO ISLAND FL 34145
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1298893

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BARRETT, JOAN F
1290 LILY CT
MARCO ISLAND FL 34145**

Name

JOAN F BARRETT

Street Address (P.O. Box Number is Not Acceptable)

1290 LILY CT

City

MARCO ISLAND**FL**

Zip Code

34145

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 \$61.25**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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	T			☐ Delete					☐ Change ☐ Addition
	BURGER, RONALD	200 STEVENS LANDING #301	MARCO ISLAND FL 34145						
	VT			☐ Delete					☐ Change ☐ Addition
	BEACH, JOAN	440 EDGEWATER CT	MARCO ISLAND FL 34145						
	DT			☐ Delete					☐ Change ☐ Addition
	EHRIE, MARGARET	208 SHADOWRIDGE CT	MARCO ISLAND FL 34145						
	TS			☐ Delete					☐ Change ☐ Addition
	HALASCHAK, CHRIS	1658 BARBADOS CT	MARCO ISLAND FL 34145						
				☐ Delete					☐ Change ☐ Addition
				☐ Delete					☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 #

CR2E037 (10/00)