

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30091

1. Entity Name

FIRST UNITED METHODIST CHURCH OF WINTER GARDEN,

Principal Place of Business

Mailing Address

C/O WILLIAM N. ASMA
886 SOUTH DILLARD STREET
WINTER GARDEN FL 34787-3910

C/O WILLIAM N. ASMA
886 SOUTH DILLARD STREET
WINTER GARDEN FL 34787-3910

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

59-0725543

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

ASMA, WILLIAM N.
886 SOUTH DILLARD STREET
WINTER GARDEN FL 32787

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 \$61.25

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 PD ☐ Delete
NAME KEATING, TIMOTHY
STREET ADDRESS 802 TILDENVILL RD.
CITY-ST-ZIP WINTER GARDEN FL

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

TITLE VD ☒ Delete
NAME ANNIS, GAY
STREET ADDRESS 214 N DILLARD ST
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE ☐ Change ☒ Addition
NAME Blaz Bravar
STREET ADDRESS 1654 Spring Ridge Circle
CITY-ST-ZIP Winter Garden, FL 34787

TITLE S ☐ Delete
NAME WAGSTER, MARIAN
STREET ADDRESS 383 GOVE CT
CITY-ST-ZIP WINTER GARDEN FL 34787

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

TITLE D ☐ Delete
NAME ROBERSON, GORDON
STREET ADDRESS 146 LIVE OAK RD
CITY-ST-ZIP WINTER GARDEN FL 34787

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

TITLE D ☐ Delete
NAME GRIFFIN, JOHNNIE
STREET ADDRESS 520 N WOODLAND ST
CITY-ST-ZIP WINTER GARDEN FL 34787

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

TITLE D ☐ Delete
NAME QUESINBERRY, GLORIA
STREET ADDRESS 900 W PLANT ST
CITY-ST-ZIP WINTER GARDEN FL

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 #

1-10-00 4076561135

CR2E037 (9/99)