

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751377

1. Entity Name

CRAWFORDVILLE UNITED METHODIST CHURCH, INC.

FILED

00 JAN 25 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

NO. 1 OCHLOCKONEE STREET NORTH SIDE  
OF STATE ROAD 368  
CRAWFORDVILLE FL 32327

P.O. BOX 37  
CRAWFORDVILLE FL 32326-0037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2278696

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

Name

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

City

FL

Zip Code

GABY, JULIE B  
208 ROLAND HARVEY ROAD  
CRAWFORDVILLE FL 32327

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

TITLE D ☐ Delete  
NAME GABY, JULIE B.  
STREET ADDRESS 208 ROLAND HARVEY ROAD  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE VD ☐ Delete  
NAME UPDEGRAFF, CHARLES E.  
STREET ADDRESS LOT 15 BLK O HUDSON HGT.  
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE D ☐ Delete  
NAME GLOVER, LARRY  
STREET ADDRESS E. IVAN ROAD  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ~~TD~~ ☒ Delete  
NAME ~~SMITH, JAMES~~  
STREET ADDRESS ~~E. IVAN ROAD~~  
CITY-ST-ZIP ~~CRAWFORDVILLE FL~~

TITLE D ☐ Delete  
NAME BARBREE, JOSEPH A.  
STREET ADDRESS LOT 12 BLK F HUDSON HGT  
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE D ☐ Delete  
NAME REVELL, MARIAN  
STREET ADDRESS COTTONWOOD STREET  
CITY-ST-ZIP CRAWFORDVILLE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000003114460--3  
CITY-ST-ZIP -01/28/00--01054--005  
\*\*\*\*\*61.25 ☐ Change ☐ Addition

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

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

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

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

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

1/7/2000

Date

Daytime Phone #

(850) 926-7689