

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709897

1. Entity Name

EAST NAPLES UNITED METHODIST CHURCH, INC.

Principal Place of Business

2701 AIRPORT ROAD SOUTH  
NAPLES FL 34112  
US

Mailing Address

2701 AIRPORT ROAD SOUTH  
NAPLES FL 34112-4817  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2171834

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

KROUT, HAROLD  
19 CREEK CIRCLE  
NAPLES, FL  
33962

Name

REEVES, CLETUS

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

788 BELVILLE BLVD.

City

NAPLES

FL

Zip Code

34104-7892

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	PC	<input type="checkbox"/> Delete
NAME	REEVES, CLETUS	
STREET ADDRESS	788 BELVILLE BLVD	
CITY-ST-ZIP	NAPLES FL 34104-7892	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILL, ELIZABETH	
STREET ADDRESS	3142 CROWN POINT BLVD	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input type="checkbox"/> Delete
NAME	RATUFFE, CLIFF	
STREET ADDRESS	5280 MYRTLE LANE	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	D	<input type="checkbox"/> Delete
NAME	JORDAN, JOHN	
STREET ADDRESS	269 BALTUSUROL DR	
CITY-ST-ZIP	NAPLES FL 34119-8583	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEHMAN, HENRY	
STREET ADDRESS	2803 ANITREE LANE, F102	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FERRELL, ANN	
STREET ADDRESS	5924 CRANBROOK WAY, APT. 101	
CITY-ST-ZIP	NAPLES FL 34112	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S JAMES L. LUTHER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	212 PALMETTO DUNES CIRCLE	
CITY-ST-ZIP	NAPLES, FL. 34113	

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

TREAS. 2-10-00

JAMES H. LAWTON

941-774-4696

Date

Daytime Phone #

CR2E037 (9/99)