

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769129

1. Entity Name

COLLEGE HEIGHTS UNITED METHODIST CHURCH, INC.

Principal Place of Business

942 SOUTH BLVD.  
LAKELAND FL 33803  
US

Mailing Address

942 SOUTH BLVD.  
LAKELAND FL 33803-1159  
US

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

59-0668475

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

GARRETT, HOWARDENE G  
1911 CHEROKEE TRAIL  
LAKELAND FL 33803

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 DS ☐ Delete  
NAME GARRETT, HOWARDENE G  
STREET ADDRESS 1911 CHEROKEE TRAIL  
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ Change ☒ Addition  
NAME Michel, Tony  
STREET ADDRESS 1627 Newport Avenue  
CITY-ST-ZIP Lakeland, FL 33803

TITLE CD ☒ Delete  
NAME MONTGOMERY, STEPHEN W.  
STREET ADDRESS 1124 PRINCE PLACE  
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ Change ☒ Addition  
NAME Alderman, Dale  
STREET ADDRESS 4108 Rice Road  
CITY-ST-ZIP Plant City FL 33566

TITLE D ☒ Delete  
NAME MCKAY, SARAH D.  
STREET ADDRESS 2214 COLLINS LANE  
CITY-ST-ZIP LAKELAND FL

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

TITLE D ☐ Delete  
NAME VANDERSLICE, ROBERT K  
STREET ADDRESS 6527 FORESTWOOD DR., W  
CITY-ST-ZIP LAKELAND FL

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

TITLE D ☐ Delete  
NAME WARD, SUZANNE  
STREET ADDRESS 311 S ELM RD  
CITY-ST-ZIP LAKELAND FL 33801

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

TITLE ☐ Delete  
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: *Suzanne Ward*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00

941-686-1975

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)