

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702224

1. Entity Name

LAKEWOOD UNITED METHODIST CHURCH, INC.

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90003 024 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5995 9TH ST. S.  
ST. PETE FL 33705  
US

5995 9TH ST. S.  
ST. PETE FL 33705-5541  
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

59-0954123

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

MILLER, JAMES R  
5995 9TH STREET SOUTH  
ST PETERSBURG, FL  
33705

Name

Sue Ann Napier

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

2188 C Corrine Ct. So.

City

St. Petersburg

FL

Zip Code

33712

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

*Sue Ann Napier*

Sue Ann Napier

Treasurer

April 26, 2000

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	CD	<input checked="" type="checkbox"/> Delete
NAME	KNIGHT, RICHARD	
STREET ADDRESS	5218 8TH ST S	
CITY-ST-ZIP	ST. PETE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JAMES R MILLER	
STREET ADDRESS	6909 9 ST SO. #309	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	TS	<input type="checkbox"/> Delete
NAME	ALVORD, DEBORAH	
STREET ADDRESS	3515 LYNN LAKES CIR. SO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORAN, MICHAEL	
STREET ADDRESS	1801 67 AVE SO	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	VON LOSSBERG, CARL	
STREET ADDRESS	135 58 AVE SO.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS		
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TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33712	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33705	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sue Ann Napier	
STREET ADDRESS	2188 C Corrine Ct. So.	
CITY-ST-ZIP	St. Petersburg FL 33712	

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:

*Sue Ann Napier*

Sue Ann Napier

April 26, 2000

727-866-9177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)