

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26147

1. Entity Name

SKYCREST UNITED METHODIST CHURCH, INC.

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90009 030 ****61.25

Principal Place of Business

2045 DREW STREET
CLEARWATER FL 33765
US

Mailing Address

2045 DREW STREET
CLEARWATER FL 33765
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0973010

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

NORTON, THOMAS H JR
2242 BASCOM WAY
CLEARWATER FL 33764

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
After September 13, 2000 min. will be \$236.25

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 C
NAME MAUGER, PETER
STREET ADDRESS 2036 PLATEAU RD.
CITY-ST-ZIP CLEARWATER FL 33755 ☐ Delete

TITLE D
NAME Jean Crawford
STREET ADDRESS 8654 Manassas Rd
CITY-ST-ZIP Tampa FL 33635 ☐ Change ☒ Addition

TITLE D
NAME FRENCH, LARRY
STREET ADDRESS 1 BRAESIDE PLACE
CITY-ST-ZIP CLEARWATER FL 33759 ☐ Delete

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

TITLE D
NAME ANGUS, TIM
STREET ADDRESS 2005 HILLWOOD DRIVE
CITY-ST-ZIP CLEARWATER FL 33763 ☒ Delete

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

TITLE D
NAME JOHNSON, JIM
STREET ADDRESS 1122 MACRAE AVENUE
CITY-ST-ZIP CLEARWATER FL 33755 ☐ Delete

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

TITLE D
NAME LOY, ROYCE
STREET ADDRESS 2453 CHAUCER STREET
CITY-ST-ZIP CLEARWATER FL 33765 ☐ Delete

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

TITLE D
NAME SUMMY, ED
STREET ADDRESS 1364 WHISPERING PINES DR
CITY-ST-ZIP CLEARWATER FL 33764 ☐ Delete

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

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:

Ed Summy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/00 727-446-2218

CR2E037 (5/00)