

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41425

1. Entity Name

SPRING LAKE UNITED METHODIST CHURCH, INC.

Principal Place of Business

4191 SPRING LAKE HWY
BROOKSVILLE FL 34601

Mailing Address

4191 SPRING LAKE HWY
BROOKSVILLE FL 34601

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 59-3045317

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

STAUFFER, REV DAVID
4191 SPRING LAKE HWY
BROOKSVILLE FL 34601

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 NAME STREET ADDRESS CITY-ST-ZIP
PTRC BERG, JAMES ☒ Delete
26373 OLD SPRING LAKE RD.
BROOKSVILLE FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PTB URBAN, George ☒ Change ☐ Addition
29950 Johnston Rd.
Dade City, FL 33523

TITLE NAME STREET ADDRESS CITY-ST-ZIP
VTRD URBAN, GEORGE ☐ Delete
29950 JOHNSTON RD.
DADE CITY FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP
VTB Stubbins, Stuart ☒ Change ☐ Addition
35121 Heartland Dr.
Dade City, FL 33523

TITLE NAME STREET ADDRESS CITY-ST-ZIP
STRD HAYES, HELEN ☒ Delete
216 E. LIBERTY / P.O. BOX 1682
BROOKSVILLE FL 34602

TITLE NAME STREET ADDRESS CITY-ST-ZIP
STB Peters, Mike ☒ Change ☐ Addition
19425 Bowman Rd.
Spring Hill, FL 34610

TITLE NAME STREET ADDRESS CITY-ST-ZIP
TTRD HENSLEY, MIKE ☒ Delete
3259 SHIRLEY DR.
BROOKSVILLE FL 34602

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-
STUART L. STUBBINS 3-04-01 799-7028

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90608 020 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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