

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700153

1. Entity Name

THE MANATEE UNITED METHODIST CHURCH, INC. OF BRA

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90002 005 ****61.25

Principal Place of Business

Mailing Address

315-15TH ST EAST
BRADENTON FL 34208

315-15TH ST EAST
BRADENTON FLA 34208-1341

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0782453

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

OTERO, CARLOS R REV
314 16T ST E.
BRADENTON FL 34208

Name

Lewis, Charlotte Rev.

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

314 - 16th St. E.

Bradenton

City

Bradenton

FL

Zip Code

34208

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 Rev. Charlotte Lewis

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 ☐ Delete
NAME COOKE, JIM
STREET ADDRESS 1908 RIVERSIDE DR E
CITY-ST-ZIP BRADENTON FL 34208

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

TITLE ☒ Delete
NAME SHULTIS, MARY
STREET ADDRESS 1302 2ND AVE E
CITY-ST-ZIP BRADENTON FL 34208

TITLE ☒ Change ☐ Addition
NAME Fox, Vincent
STREET ADDRESS 3207 Bayshore Gardens Pkwy.
CITY-ST-ZIP Bradenton, Fl. 34207

TITLE ☐ Delete
NAME RODEWALD, CONNIE
STREET ADDRESS 2315 30TH AVE DR. E.
CITY-ST-ZIP BRADENTON FL 34208

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

TITLE ☐ Delete
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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)(l), 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: Rev. Charlotte Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)