

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700282

1. Entity Name

ST. ANDREWS UNITED METHODIST CHURCH OF FORT LAUD

Principal Place of Business

1100 N. ANDREWS AVE.
FT. LAUDERDALE FL 33311

Mailing Address

1100 N. ANDREWS AVE.
FT. LAUDERDALE FL 33311-6258

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WOOD, HARRY
361 NW 35 COURT
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

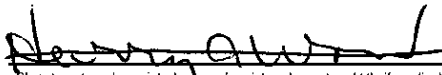
Street Address (P.O. Box Number is Not Acceptable)

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

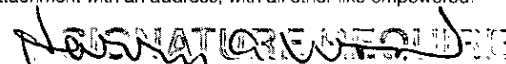
TITLE	P	<input type="checkbox"/> Delete
NAME	WOOD, HARRY	
STREET ADDRESS	361 NW 35 COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	KOBAYASHI, TAMOTSU	
STREET ADDRESS	314 S.E. 13TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HUGHES, ART	
STREET ADDRESS	4550 NE 2 AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, LARRY	
STREET ADDRESS	4311 N.W. 33RD ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIDLEY, MARIADELE	
STREET ADDRESS	1106 NE FIRST AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUTLER, EDWIN	
STREET ADDRESS	1818 LAUDERDALE MANORS DR.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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	

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:

 HARRY A. WOOD

1/12/00

566-0390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90134 033 ****61.25

803368



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0872676

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CF2E037 (9/99)