

2001 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0872676

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

Harry C Wood, Jr Harry C Wood, Jr 2/15/01
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
NAME WOOD, HARRY
STREET ADDRESS 361 NW 35 COURT
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE V
NAME KOBAYASHI, TAMOTSU
STREET ADDRESS 314 S.E. 13TH ST.
CITY-ST-ZIP FT. LAUDERDALE FL 33316 ☐ Delete

TITLE SD
NAME HUGHES, ART
STREET ADDRESS 4550 NE 2 AVE
CITY-ST-ZIP FT. LAUDERDALE FL 33334 ☐ Delete

TITLE D
NAME DAVIS, LARRY
STREET ADDRESS 4311 N.W. 33RD ST.
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE D
NAME GRIDLEY, MARIADELE
STREET ADDRESS 1106 NE FIRST AVE
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE D
NAME BUTLER, EDWIN
STREET ADDRESS 1818 LAUDERDALE MANORS DR.
CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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)(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 C Wood, Jr Harry C Wood, Jr 2/12/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90058 007 ****61.25

922444



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)