

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700283

1. Entity Name

ALDRSGATE UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

ATTN: BOARD OF TRUSTEES  
9530 STARKEY ROAD  
SEMINOLE FL 34647-2203

ATTN: BOARD OF TRUSTEES  
9530 STARKEY ROAD  
SEMINOLE FL 34647

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1423757

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

ENGELHARDT JR., CHARLES E.  
9530 STARKEY ROAD  
SEMINOLE FL 33543

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 D ☐ Delete  
NAME PARO, MARTIN  
STREET ADDRESS 9530 94TH ST N  
CITY-ST-ZIP SEMINOLE FL 33777

TITLE D ☐ Delete  
NAME JENNESS, CECIL  
STREET ADDRESS 6895 LAFAYETTE BLVD  
CITY-ST-ZIP PINELLAS PK FL 33781

TITLE D ☒ Delete  
NAME ANDERSON, DARRIN  
STREET ADDRESS 8655 BURNING TREE CIR  
CITY-ST-ZIP SEMINOLE FL 33777

TITLE D ☒ Delete  
NAME CAGLE, DON  
STREET ADDRESS 8195 LARCHWOOD RD  
CITY-ST-ZIP SEMINOLE FL

TITLE DST ☒ Delete  
NAME DUBEE, CAROL  
STREET ADDRESS 9710 PARKWOOD CT  
CITY-ST-ZIP SEMINOLE FL

TITLE D ☐ Delete  
NAME SMITH, FAYE  
STREET ADDRESS 8956 91ST TERR N  
CITY-ST-ZIP SEMINOLE FL

TITLE D ☐ Change ☒ Addition  
NAME Paul Perkins  
STREET ADDRESS 9001 65th Way N  
CITY-ST-ZIP Pinellas Park FL 33782

TITLE D ☐ Change ☒ Addition  
NAME Katherine Benson  
STREET ADDRESS 1967 Cormorant Court Apt 515  
CITY-ST-ZIP Clearwater FL 33762

TITLE D ☐ Change ☒ Addition  
NAME James Ingram  
STREET ADDRESS 9000 Park Blvd #4  
CITY-ST-ZIP Largo FL 33777

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

TITLE ☐ Change ☐ Addition  
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)(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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00 (727) 544-5370

Date

Daytime Phone #

CR2E037 (9/99)