

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701150

1. Entity Name

THE FIRST UNITED METHODIST CHURCH OF EUSTIS, INC

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

04-20-2000 90105 042 ****61.25

Principal Place of Business Mailing Address
-THE- -THE-
600 SOUTH GROVE ST 600 SOUTH GROVE ST
EUSTIS FL 32726 EUSTIS FLA 32726-4823

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

70-1150450

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOYER, REV. WILLIAM J
1015 LAKE GRACIE DR
EUSTIS FL 32726

7. Name and Address of New Registered Agent

Name

GILL, REV. DAVID M.

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

1015 LAKE GRACIE DR

City

EUSTIS

FL

Zip Code
32726

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. DAVID M. GILL, PASTOR

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	T	<input checked="" type="checkbox"/> Delete
NAME	BAXTER, KEITHA	
STREET ADDRESS	126-A SHADY LANE	
CITY-ST-ZIP	EUSTIS FL	
TITLE	TV	<input type="checkbox"/> Delete
NAME	GOOCH, CARMEN	
STREET ADDRESS	103 BURRELL RD.	
CITY-ST-ZIP	EUSTIS FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MORRISON, RICHARD	
STREET ADDRESS	2599 COUNTRY CLUB RD	
CITY-ST-ZIP	EUSTIS FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PECK, WILLIAM	
STREET ADDRESS	12552 WEDGEFIELD DR	
CITY-ST-ZIP	GRAN ISLAND FL	
TITLE	TC	<input type="checkbox"/> Delete
NAME	CARTER, ROBERT	
STREET ADDRESS	18 CYPRESS COURT	
CITY-ST-ZIP	GRAND ISLAND FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WOLFER, JOE	
STREET ADDRESS	1245 S PUTNEY CT	
CITY-ST-ZIP	LEESBURG FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMICHAEL, DOUG	
STREET ADDRESS	535 S EXETER ST	
CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	TC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOCH, CARMEN	
STREET ADDRESS	73 BURRELL RD	
CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEARS, ANDY	
STREET ADDRESS	1420 CLAY BLVD	
CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIMMER, JOHN	
STREET ADDRESS	2744 BAYVIEW DR	
CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRITZ, DAVID	
STREET ADDRESS	2599 COUNTY ROAD 44	
CITY-ST-ZIP	GRAND ISLAND, FL 32735	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODWORTH, WES	
STREET ADDRESS	155 MILLWOOD RD MID FLA LAKES	
CITY-ST-ZIP	LEESBURG, FL 34788	

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 #

4-13-2000 352-357 0550

CR2E037 (9/99)