

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701150

1. Entity Name

THE FIRST UNITED METHODIST CHURCH OF EUSTIS, INC

FILED

Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90128 047 ****61.25

Principal Place of Business

Mailing Address

THE-
600 SOUTH GROVE ST
EUSTIS FL 32726

THE-
600 SOUTH GROVE ST
EUSTIS FL 32726

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0895904

~~70-1150450~~

Applied For

Not Applicable

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

GILL, DAVID M REV
1015 LAKE GRACIE DR
EUSTIS FL 32726

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

David M Gill

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 NAME ☐ Delete
MCMICHAEL, DOUG
STREET ADDRESS 535 S EXETER STREET
CITY-ST-ZIP EUSTIS FL

TITLE NAME ☐ Change ☒ Addition
T Sears, Andrew
STREET ADDRESS 1420 Clay Blvd
CITY-ST-ZIP Eustis, FL 32726-6018

TITLE NAME ☒ Delete
TV RIVERS, RUSSELL
STREET ADDRESS 1701 S GROVE STREET
CITY-ST-ZIP EUSTIS FL

TITLE NAME ☐ Change ☒ Addition
T McKinley, Gary
STREET ADDRESS 36742 Sundance dr.
CITY-ST-ZIP Grand Island, FL 32735-9115

TITLE NAME ☐ Delete
T WOODWORTH, WES
STREET ADDRESS 109 PARK LANE
CITY-ST-ZIP LEESBURG FL

TITLE NAME ☐ Change ☒ Addition
T Whitten, Clay
STREET ADDRESS 1501 New Abbey ave,
CITY-ST-ZIP Leesburg, FL 34788

TITLE NAME ☐ Delete
T BAUGH, JUANITA T
STREET ADDRESS 1015 LAKE NETTIE DRIVE
CITY-ST-ZIP EUSTIS FL

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
TC CARTER, ROBERT
STREET ADDRESS 18 CYPRESS COURT
CITY-ST-ZIP GRAND ISLAND FL

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☒ Delete
T WOLFER, JOE
STREET ADDRESS 1245 S PUTNEY CT
CITY-ST-ZIP LEESBURG FL

TITLE NAME ☐ Change ☐ Addition

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:

Wanda M. [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Trustee 1-31-02 957-5830
Date Daytime Phone #

CR2E037 (9/01)