# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 01, 2000 8:00 am**
**Secretary of State**
02-01-2000 90097 037 ****70.00

DOCUMENT # 702110

1. Entity Name

FIRST UNITED METHODIST CHURCH OF PORT ST. LUCIE,

| Principal Place of Business | Mailing Address |
|---|---|
| 260 SW PRIMA VISTA BLVD.<br>PORT ST LUCIE FL 34983 | 260 SW PRIMA VISTA BLVD.<br>PORT ST LUCIE FL 34983-1965 |

DO NOT WRITE IN THIS SPACE

| 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 59-0954425 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

DOLAN, GLADYS
260 SW PRIMA VISTA BLVD.
PORT ST. LUCIE FL 34983

**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: Gladys Dolan Church Administrator 1/18/00
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 / STREET ADDRESS / CITY-ST-ZIP | SD<br>PIPES, DARLENE<br>260 SW PRIMA VISTA BLVD<br>PORT ST LUCIE FL 34983 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TS<br>BECK, CHARLES<br>260 S.W. PRIMA VISTA BLVD<br>PORT ST LUCIE FL 34983 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>DOLAN, JAMES<br>260 SW PRIMA VISTA BLVD<br>PORT ST LUCIE FL 34983 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>LEQUERE, MARC<br>260 S.W. PRIMA VISTA BLVD<br>PORT ST LUCIE FL 34983 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>STANNIS, GARY<br>260 SW PRIMA VISTA BLVD<br>PORT ST LUCIE FL 34983 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DM<br>GLADYS, DOLAN<br>260 SW PRIMA VISTA BLVD<br>PORT ST LUCIE FL 34983 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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:** Gladys Dolan 1/18/00 561 878-1155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #