## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Jan 31, 2001 8:00 am Secretary of State **DOCUMENT # 702110** 1. Entity Name FIRST UNITED METHODIST CHURCH OF PORT ST. LUCIE. 01-31-2001 90013 047 \*\*\*\*70 00 Principal.Place of Business Mailing Address 260 SW PRIMA VISTA BLVD. 260 SW PRIMA VISTA BLVD. PORT ST LUCIE FL 34983 PORT ST LUCIE FL 34983 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0954425 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired M Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DOLAN, GLADYS 260 SW PRIMA VISTA BLVD. PORT ST. LUCIE FL 34983 Zip Code FL 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. SD TITLE Treasurer ☐ Change Addition TITLE X2 Delete PIPES, DARLENE Dawn STANNIS NAME NAME ZLOSW PRIMA VISTA BLUD STREET ADDRESS 260 SW PRIMA VISTA BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34983 PORT ST LUCIE FL 34983 TS TITLE ☐ Change ☐ Addition TITLE Delete BECK, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 260 S.W. PRIMA VISTA BLVD CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34983 ۷P **X** Addition TITLE Delete TITLE ☐ Change DOLAN, JAMES HUFF, BRUCE NAME NAME 260 SW PRIMA VISTA BLVD STREET ADDRESS STREET ADDRESS 260 SW PRIMA VISTA BLVD PORT STLUCIE FL 34983 CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34983 TITI F ☐ Delete TITLE ☐ Addition STANNIS GARY NAME NAME STANNIS, GACY STREET ADDRESS STREET ADDRESS 260 S.W. PRIMA VISTA BLVD CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34983 ☐ Addition TITLE ☐ Delete TITLE Change NAME GLADYS, DOLAN NAME STREET ADDRESS STREET ADDRESS 260 SW PRIMA VISTA BLVD CITY-ST-ZIP CITY-ST-ZIP PORT ST LUCIE FL 34983 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 light ampowered.

SIGNATURE:

561)878-1155