

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 703101**

1. Entity Name

LAKEWOOD PARK UNITED METHODIST CHURCH INC.

Principal Place of Business

**5405 TURNPIKE FEEDER RD
FT PIERCE FL 34951**

Mailing Address

**5405 TURNPIKE FEEDER RD
FT PIERCE FL 34951-2363**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2456953

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

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

*Robert E. Biggins***Robert E. Biggins****1-25-2000**

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	P	<input checked="" type="checkbox"/> Delete
NAME	LANGE, DUANE	
STREET ADDRESS	9900 GATSBY LN	
CITY-ST-ZIP	FT. PIERCE FL 34945	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FISHER, W A	
STREET ADDRESS	1 BOLERO	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BECK, TED	
STREET ADDRESS	33 ECUADOR WAY	
CITY-ST-ZIP	FT. PIERCE FL 34951	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIGGINS, BOB	
STREET ADDRESS	6700 LILA CRT.	
CITY-ST-ZIP	FT PIERCE FL 34951	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROVES, JOY	
STREET ADDRESS	1951 S GARDEN GROVE CIR.	
CITY-ST-ZIP	VERO BCH FL 32962	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNOUSE, MEL	
STREET ADDRESS	1 TOSCA	
CITY-ST-ZIP	FT PIERCE FL 34951	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fitchett, James	
STREET ADDRESS	5108 Paleo Pines Circle	
CITY-ST-ZIP	Ft. Pierce, FL 34951	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hanna, Jeffrey	
STREET ADDRESS	6702 Penny Lane	
CITY-ST-ZIP	Ft. Pierce, FL 34951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert E. Biggins **Robert E. Biggins**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-2000 465-1187**FILED**
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90016 046 ****61.25



DO NOT WRITE IN THIS SPACE