

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

704268

1. Entity Name

Florida United Methodist Children's Home, Inc.

Principal Place of Business

51 Main Street
Enterprise, FL 32725

Mailing Address

Same

2. Principal Place of Business

51 Main St

Suite, Apt. #, etc.

3. Mailing Address

51 Main Street

Suite, Apt. #, etc.

City & State

Enterprise

City & State

Enterprise, FL 32725

4. FEI Number

59-0638479

Applied For

Not Applicable

Zip

32725

Country

Volusia

Zip

32725

Country

Volusia

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Alexander C. Carmichel

51 Main Street

Enterprise, FL 32725

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

Alexander C. Carmichel

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 NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TRVC
Ray Posgay
900 Brandywine Rd
Ft Lauderdale, FL 33409

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TRC David McEntire
640 SW 61st Ave
West Palm Beach, FL 33317-3933

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
TRS/T
Alfreda Boone
830 Riviera St
Venice, FL

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
P Alexander C. Carmichel
51 Main Street
Enterprise, FL 32725

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
TRTA
Keith Ewing
1005 W. Main Street
Leesburg, FL 34748

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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, 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:

Alexander C. Carmichel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00

407-6684774

Date

Daytime Phone #

652160

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)