

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90136 047 \*\*\*\*61.25

**DOCUMENT # 704307**

1. Entity Name  
**UNITED METHODIST TEMPLE, LAKELAND, INC.**

Principal Place of Business 2700 SOUTH FLORIDA AVE LAKELAND FL 33803	Mailing Address 2700 SOUTH FLORIDA AVE LAKELAND FL 33803
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-6044079</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, PHILIP O**  
**1701 S FLORIDA AVE**  
**LAKELAND FL 33801**

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 \_\_\_\_\_ (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	
T NAME: <b>HYMAN, RANDY</b> STREET ADDRESS: <b>6419 RUNNING BEAR DRIVE</b> CITY-ST-ZIP: <b>LAKELAND FL 33813</b>	<input checked="" type="checkbox"/> Delete
D NAME: <b>SALEMME, CHARLES</b> STREET ADDRESS: <b>3245 STONEWATER DR</b> CITY-ST-ZIP: <b>LAKELAND FL</b>	<input type="checkbox"/> Delete
D NAME: <b>MCCLINTIC, WAYNE</b> STREET ADDRESS: <b>5455 SHETLAND PLACE</b> CITY-ST-ZIP: <b>LAKELAND FL</b>	<input checked="" type="checkbox"/> Delete
D NAME: <b>HAMMER, MARVIN</b> STREET ADDRESS: <b>2001 E. F. GRIFFIN RD</b> CITY-ST-ZIP: <b>BARTOW FL</b>	<input type="checkbox"/> Delete
PD NAME: <b>VERPLANCK, JAMES</b> STREET ADDRESS: <b>3525 BRIDGEFIELD DR.</b> CITY-ST-ZIP: <b>LAKELAND, FL 00000</b>	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME: <b>Louise Urquhart</b> STREET ADDRESS: <b>5112 Fairfield Drive</b> CITY-ST-ZIP: <b>Lakeland, FL 33811</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: <b>Frank Trovillion</b> STREET ADDRESS: <b>2304 Woodbine</b> CITY-ST-ZIP: <b>Lakeland, Fl 33803</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ DATE: **2/21/01** DAYTIME PHONE #: **863/646-2426**

CR2E037 (10/00)