

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 14, 2001 8:00 am
Secretary of State

02-08-2001 90374 004 ****61.25

DOCUMENT # 709159

1. Entity Name

LEALMAN METHODIST CHURCH OF ST. PETERSBURG, FLOR

Principal Place of Business

Mailing Address

4090 58TH AVENUE NORTH
ST. PETERSBURG FL 33714

4090 58TH AVENUE NORTH
ST. PETERSBURG FL 33714

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

59-0791033

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

DAVID N. CLEVINGER

Street Address (P.O. Box Number is Not Acceptable)

11284 67th AVE N

City

SEMINOLE

FL

Zip Code

33772

SCOTT, JIM
4033 YARDLEY AVENUE N
SAINT PETERSBURG FL 33713

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:
FEF 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	CD	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, JIM	
STREET ADDRESS	4033 YARDLEY AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	QUINLVAN, J. MICHAEL	
STREET ADDRESS	14798 SS WAY N	
CITY-ST-ZIP	CLEARWATER FL 34620	
TITLE	SDTD	<input type="checkbox"/> Delete
NAME	CLEVINGER, DAVID	
STREET ADDRESS	11284 67TH AVE N	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	ED FLOWERS	<input type="checkbox"/> Delete
NAME	3724 26th AVE N	
STREET ADDRESS	ST. PETERS, FL 33713	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01

Date

927-501-1083

Daytime Phone #

CR2E037 (10/00)