2000 UNIFORM BUSINESS REPORT (UBR)

Charles AA. UJaqueth QURIZ

SIGNATURE:

FILED DOCUMENT # **710007** Jan 18, 2000 8:00 am 1. Entity Name **Secretary of State** THE UNION STREET UNITED METHODIST CHURCH, INC. 01-18-2000 90125 015 ****61.25 Principal Place of Business Mailing Address 1625 UNION STREET 1625 UNION STREET CLEARWATER FL 33755-1363 CLEARWATER FL 34615 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-6072704 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Charles A. Jaqueth Street Address (P.O. Box Number is Not Acceptable) ROTTER, HERBERT 2655 NEBRASKA AVE. APT #464 1900 Pinehurst Drive PALM HARBOR FL 34684 Zip Code City Clearwater 33763 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. Charles A. Jaqueth SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Change ☐ Addition Delete TITLE TITLE CHESSON, PHILLIP NAME NAME STREET ADDRESS STREET ADDRESS 1471 NOEL BLVD CITY-ST-ZIP PALM HARBOR FL 34<u>683</u> ☐ Addition Delete Change TITLE TITLE NAME JAQUETH, CHARLES NAME STREET ADDRESS STREET ADDRESS 1900 PINEHURST DRIVE CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33763 ☐ Delete TITLE 🔲 Changé Addition n TITLE NAME NAME STACY, MARION STREET ADDRESS STREET ADDRESS 847 CAMBRIDGE CT. CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** ☐ Change ☐ Addition TITLE Delete TITLE D NAME NAME HENRY, BARBARA STREET ADDRESS STREET ADDRESS 2036 ALPINE RD. CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 34615 ☐ Change ☐ Addition ☐ Delete TITLE NAME ALLISON, ROBERT STREET ADDRESS STREET ADDRESS 330 PROMENADE DR. CITY-ST-ZIP CITY-ST-ZIP **DUNEDIN FL 34698** ☐ Change ☐ Addition Delete TITLE NAME NAME Rotter, Herbert STREET ADDRESS STREET ADDRESS 2655 Nebraska Ave. Apt. CITY-ST-ZIP 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)(1). 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