

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 710007**

1. Entity Name

**THE UNION STREET UNITED METHODIST CHURCH, INC.****FILED****Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90107 018 \*\*\*\*61.25

Principal Place of Business

**1625 UNION STREET  
CLEARWATER FL 34615**

Mailing Address

**1625 UNION STREET  
CLEARWATER FL 34615**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-6072704**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****JAQUETH, CHARLES A****JAQUETH, CHARLES A  
1900 PINEHURST DR  
CLEARWATER FL 33763****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 **CHARLES A JAQUETH**

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 **D** ☐ Delete  
NAME **CHESSON, PHILLIP**  
STREET ADDRESS **1471 NOEL BLVD**  
CITY-ST-ZIP **PALM HARBOR FL 34683**TITLE **D** ☐ Delete  
NAME **JAQUETH, CHARLES**  
STREET ADDRESS **1900 PINEHURST DRIVE**  
CITY-ST-ZIP **CLEARWATER FL 33763**TITLE **D** ☐ Delete  
NAME **STACY, MARION**  
STREET ADDRESS **847 CAMBRIDGE CT.**  
CITY-ST-ZIP **DUNEDIN FL 34698**TITLE **D** ☐ Delete  
NAME **HENRY, BARBARA**  
STREET ADDRESS **2036 ALPINE RD.**  
CITY-ST-ZIP **CLEARWATER FL 34615**TITLE **D** ☐ Delete  
NAME **ALLISON, ROBERT**  
STREET ADDRESS **330 PROMENADE DR.**  
CITY-ST-ZIP **DUNEDIN FL 34698**TITLE **D** ☐ Delete  
NAME **ROTTER, HERBERT**  
STREET ADDRESS **2655 NEBRASKA AVE -APT 464**  
CITY-ST-ZIP **PALM HARBOR FL 34684****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**727-733-6135**  
**Charles Jaqueth** **01/14/01**

Date

Daytime Phone #

CR2E037 (10/00)