

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710138

1. Entity Name

CLEARVIEW UNITED METHODIST CHURCH, INC.

Principal Place of Business

4515 38TH AVE NO
ST. PETERSBURG FL 33713

Mailing Address

4515 38TH AVE NO
ST. PETERSBURG FL 33713

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

59-0718487

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEVIN KNIGHT
4536-40TH AVENUE N.
ST. PETERSBURG FL 33713

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

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	VD	<input type="checkbox"/> Delete
NAME	KNIGHT, KEVIN	
STREET ADDRESS	4536-40TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MORNEAULT, RICHARD	
STREET ADDRESS	3140-7TH AVENUE N.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KEPTO, JOE	
STREET ADDRESS	5744-30TH AVENUE N.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCKELVEY, DICK	
STREET ADDRESS	9111 4TH WAY N.	
CITY-ST-ZIP	PINELLAS PARK FL	
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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Signature of Kevin Knight
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-2001

727-522-4673

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90082 030 ****61.25

A0040010



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)