

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710792

1. Entity Name

COLLEGE PARK UNITED METHODIST CHURCH, INC.

Principal Place of Business

644 WEST PRINCETON AVENUE
ORLANDO FL 32804

Mailing Address

644 WEST PRINCETON AVENUE
ORLANDO FL 32804

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

59-0725535

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

WEIL, RICHARD
5183 TALLOW WOOD CT
ORLANDO FL 32808

Caverly, Edward
739 West Yale Street
Orlando, FL 32804

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 *X* Edward N. Caverly PD

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME WEIL, RICHARD
STREET ADDRESS 5183 TALLOW WOOD COURT
CITY-ST-ZIP ORLANDO FL 32808

TITLE PD Caverly, Edward ☒ Change ☐ Addition
NAME
STREET ADDRESS 739 W. Yale St.
CITY-ST-ZIP Orlando, FL 32804

TITLE SD ☒ Delete
NAME CAVERLY, EDWARD
STREET ADDRESS 739 W YALE ST
CITY-ST-ZIP ORLANDO FL 32804

TITLE SD Owen, Stewart ☒ Change ☐ Addition
NAME
STREET ADDRESS 1755 Huron Trail
CITY-ST-ZIP Maitland, FL 32751

TITLE VPD ☒ Delete
NAME OWEN, STEWART
STREET ADDRESS 1755 HURON TRAIL
CITY-ST-ZIP MATLAND FL 32751

TITLE VPD Lewis, Dennis ☒ Change ☐ Addition
NAME
STREET ADDRESS 728 Baltimore Drive
CITY-ST-ZIP Orlando, FL 32810

TITLE TD ☐ Delete
NAME JONES, MARIE
STREET ADDRESS 520 BAKER STREET
CITY-ST-ZIP ORLANDO FL 32806

TITLE TD Jones, Marie ☐ Change ☐ Addition
NAME
STREET ADDRESS 520 Baker Street
CITY-ST-ZIP Orlando, FL 32806

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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: *X*

Edward N. Caverly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90443 043 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)