

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90003 021 ****61.25

DOCUMENT # 710792

1. Entity Name

COLLEGE PARK UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

**644 WEST PRINCETON AVENUE
 ORLANDO FL 32804**

**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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAVERLY, EDWARD
 739 WEST YALE STREET
 ORLANDO FL 32804**

Name

Buss, Delores

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

910 Golfview Street

City

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

Delores Buss

1-16-2002

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 **CAVERLY, EDWARD**
 STREET ADDRESS **739 W. YALE ST.**
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Buss, Delores**
 STREET ADDRESS **910 Golfview Street**
 CITY-ST-ZIP **Orlando, FL 32804**

TITLE **SD** ☐ Delete
 NAME **OWEN, STEWART**
 STREET ADDRESS **1755 HURON TRAIL**
 CITY-ST-ZIP **MAITLAND FL 32751**

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

TITLE **VPD** ☐ Delete
 NAME **LEWIS, DENNIS**
 STREET ADDRESS **728 BALTIMORE DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32810**

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

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

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

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:

Delores Buss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)