

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711227

1. Entity Name

THE FLORIDA UNITED METHODIST FOUNDATION, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90011 016 ****61.25

Principal Place of Business

1140 E. McDONALD STREET
LAKELAND FL 33801

Mailing Address

PO BOX 70
LAKELAND FL 33802-0070
US

2. Principal Place of Business

3. Mailing Address

Post Office Box 3767

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lakeland, Florida 33802

4. FEI Number

59-1148710

Applied For

Not Applicable

Zip

Country

Zip

Country

33802

USA

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

NANCE, PAULA M.
1140 E. McDONALD STREET
LAKELAND FL 33801

Name

Marston, Thomas W

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

1140 East McDonald Street

City

Lakeland,

FL

Zip Code

33801

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME P
STREET ADDRESS RUSH, RANDOLPH J
CITY-ST-ZIP 250 PARK AVENUE S, 5TH FLOOR
WINTER PARK FL 32789

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

TITLE ☒ Delete
NAME T
STREET ADDRESS NANCE, PAULA M.
CITY-ST-ZIP 5653 SOUTHBROOK DR.
LAKELAND FL

TITLE ☒ Change ☐ Addition
NAME Marston, Thomas W
STREET ADDRESS 1140 East McDonald Street
CITY-ST-ZIP Lakeland, Florida 33801

TITLE ☐ Delete
NAME D
STREET ADDRESS BERES, STEVEN D
CITY-ST-ZIP PO BOX 24
STUART FL

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS BISHOP, DONALD E. JR.
CITY-ST-ZIP 11105 35TH COURT EAST
PARRISH FL

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

TITLE ☒ Delete
NAME D
STREET ADDRESS CROSS, J W
CITY-ST-ZIP PO BOX 7428 N/A
NAPLES FL

TITLE ☒ Change ☐ Addition
NAME Inman, Jack C.
STREET ADDRESS 520 Virginia Drive
CITY-ST-ZIP Winter Park, Florida 32789

TITLE ☒ Delete
NAME S
STREET ADDRESS KINDER, CHARLES E
CITY-ST-ZIP 14841 GREEN VALLEY BLVD
CLERMONT FL 34711

TITLE ☒ Change ☐ Addition
NAME Pool, Lynn
STREET ADDRESS 3309 Hargill Drive
CITY-ST-ZIP Orlando, Florida 33806

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 Paula M. Nance

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)