

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711227

1. Entity Name

THE FLORIDA UNITED METHODIST FOUNDATION, INC.

Principal Place of Business

1140 E. MCDONALD STREET
LAKELAND FL 33801

Mailing Address

PO BOX 3767
LAKELAND FL 33802
US

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

59-1148710

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANSTON, THOMAS W
1140 E. MCDONALD STREET
LAKELAND FL 33801

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	P	<input type="checkbox"/> Delete
NAME	RUSH, RANDOLPH J	
STREET ADDRESS	250 PARK AVENUE S, 5TH FLOOR	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARSTON, THOMAS W	
STREET ADDRESS	1140 EAST MCDONALD ST	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERES, STEVEN D	
STREET ADDRESS	PO BOX 24	
CITY-ST-ZIP	STUART FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BISHOP, DONALD E. JR.	
STREET ADDRESS	11105 35TH COURT EAST	
CITY-ST-ZIP	PARRISH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	INMAN, JACK C	
STREET ADDRESS	520 VIRGINIA DR	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	S	<input type="checkbox"/> Delete
NAME	POOL, LYNN	
STREET ADDRESS	3309 HARGILL DR	
CITY-ST-ZIP	ORLANDO FL 33806	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Chair of the Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas W. Marston	
STREET ADDRESS	119 Christina Blvd. W.	
CITY-ST-ZIP	Lakeland Florida 33813	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pamela W. Hicks	
STREET ADDRESS	4958 Fox Run Lane	
CITY-ST-ZIP	Lakeland Florida 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Lynn Pool	
STREET ADDRESS	2247-6 Coach House Blvd.	
CITY-ST-ZIP	Lakeland Florida 33812	
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:

Thomas W. Marston, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2001

Date

863/688-5563

Daytime Phone #

X106

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90002 028 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)