

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714797

1. Entity Name

FIRST UNITED METHODIST CHURCH OF ORMOND BEACH, I

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90247 050 ****61.25

Principal Place of Business

Mailing Address

ORMOND BEACH INC
336 SOUTH HALIFAX DRIVE
ORMOND BEACH FL 32176

ORMOND BEACH INC
336 SOUTH HALIFAX DRIVE
ORMOND BEACH FLA 32176-8111

2. Principal Place of Business

FIRST UNITED METHODIST CHURCH

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0782455

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

CALIGUIRE, BARBARA
135 PINE CONE TRAIL
ORMOND BEACH FL 32174

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:
FEES 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
NAME
STREET ADDRESS
CITY-ST-ZIP
CTR
RACE, J SAMUEL
37 SUNNY BEACH DR
ORMOND BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
329 BUCKNELL DRIVE
DAYTONA BEACH FL 32118 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTR
LIPSCOMB, JOSEPH W
22 SHADOW CREEK WAY
ORMOND BEACH FL 32174 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
GARTHE, DOREEN
289 JOHN ANDERSON DR
ORMOND BEACH FL 32176 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
JOHNSON, ROBERT L.
9 ROCKY CREEK TRAIL
ORMOND BCH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
HALE, DONALD W
962 E. BRAMBLEBUSH CIR
PT ORANGE FL 32127 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
MONACO, JUDY
136 RIVER BLUFF DR
ORMOND BCH FL ☒ Delete

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

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:

J Samuel Race
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J SAMUEL RACE, CTR

03/28/2000 (904)677-3271

Date

Daytime Phone #

CR2E037 (9/99)