

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715203

1. Entity Name

FIRST UNITED METHODIST CHURCH OF HOLLYWOOD, INC.

Principal Place of Business

1804 VAN BUREN STREET  
HOLLYWOOD FL 33020

Mailing Address

1804 VAN BUREN STREET  
HOLLYWOOD FLA 33020-5128

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

59-1094820

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

HUNTER, E.T., ESQ.

1930 TYLER ST.

HOLLYWOOD FL 33020

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TR  
FERGUSON, JULIA  
2311 WILEY ST  
HOLLYWOOD FL 33020 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HONEYGHON, MAX  
2624 RODMAN RD  
HOLLYWOOD, FL 33020 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HEDLAND, REYNOLDS  
110 N.E. 2 TERRACE  
HALLENDALE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PLITNICK, ANN  
916 N 16TH AVE  
HOLLYWOOD, FL 33020 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TR  
SPRINGER, BONNIE  
919 VAN BUREN ST  
HOLLYWOOD FL 33019 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
SPRINGER, BONNIE  
919 VAN BUREN ST  
HOLLYWOOD, FL 33019 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
FOSTER, JOHN  
1318 JACKSON STREET  
DANIA FL 33019 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SULLIVAN, RICHARD  
1424 POLK ST  
HOLLYWOOD, FL 33020 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MORIN, ROGER  
961 NW 180 TERR  
MIAMI FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MORTON, CHARLES  
105 RONALD RD  
PEMBROKE PINES, FL 33023 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TR  
CLARKE, CHERYL A  
1505 SW 12TH AVE  
HOLLYWOOD FL 33004 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T/S  
CLARKE, CHERYL A  
1505 SW 12TH AVE #7  
DANIA BEACH, FL 33004 ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #