

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90107 015 ****61.25

DOCUMENT # 716855

1. Entity Name

SEMINOLE UNITED METHODIST CHURCH, INC.



Principal Place of Business

**5400 SEMINOLE BLVD
SEMINOLE FL 33772**

Mailing Address

**5400 SEMINOLE BLVD
SEMINOLE FL 33772**

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 **59-0760227**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURG, ROBERT
9009 BAYWOOD PARK DR
SEMINOLE FL 33776**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TC	<input type="checkbox"/> Delete
NAME	BURG, ROBERT	
STREET ADDRESS	9009 BAYWOOD PARK DR	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOUSER, CHARLCIE	
STREET ADDRESS	10436 127TH PLACE N	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	T	<input type="checkbox"/> Delete
NAME	LINDOW, ROY	
STREET ADDRESS	11032 117TH WAY NORTH	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILLER, ERMA	
STREET ADDRESS	8567 RIDGE ROAD	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	T	<input type="checkbox"/> Delete
NAME	ORR, SHIRLEY	
STREET ADDRESS	11210 CHEROKEE DR	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708	
TITLE	T	<input type="checkbox"/> Delete
NAME	PULFER, PETE	
STREET ADDRESS	6007 137TH TERRACE N	
CITY-ST-ZIP	CLEARWATER FL 33607	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SEMINOLE UNITED METHODIST CHURCH, INC.

4/8/03

CR2E037 (10/02)