

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717558

1. Entity Name

CHRIST UNITED METHODIST CHURCH OF LAKELAND, INC.

Principal Place of Business

745 LAKE MIRIAM DRIVE  
LAKELAND FL 33813-2152

Mailing Address

745 LAKE MIRIAM DRIVE  
LAKELAND FL 33813-2152

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

59-6532651

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

VARNER, DON  
2151 STONEY POINTE DR  
LAKELAND FL 33813

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 M ☐ Delete  
NAME VARNER, DON  
STREET ADDRESS 2151 STONEY POINTE DR  
CITY-ST-ZIP LAKELAND FL 33813

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

TITLE T ☐ Delete  
NAME LINGLE, SHERRI  
STREET ADDRESS 745 LAKE MIRIAM DR.  
CITY-ST-ZIP LAKELAND FL

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

TITLE T ☐ Delete  
NAME HEBB, MARK  
STREET ADDRESS 4983 FOXRUN  
CITY-ST-ZIP LAKELAND FL 33813

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

TITLE T ☐ Delete  
NAME JOHNSON, GORDON  
STREET ADDRESS 4631 BURGUNDY PL  
CITY-ST-ZIP LAKELAND FL 33813

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Sherril Lingle  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2000 (863) 5309  
Date Daytime Phone #

FILED  
May 15, 2000 8:00 am  
Secretary of State

05-15-2000 90095 036 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)