

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719517

1. Entity Name

THE DISTRICT BOARD OF MISSIONS AND CHURCH EXTENSION OF THE TAMPA DISTRICT OF THE UNITED METHODIST

Principal Place of Business

5030 E. BUSCH BLVD.  
P.O. BOX 290655  
TAMPA FL 33687-7655

Mailing Address

5030 E. BUSCH BLVD.  
P.O. BOX 290655  
TAMPA FL 33687-7655

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

59-1683444

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, J. ED  
19252 BLOUNT ROAD  
LUTZ FL 33548 33558

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 PD ☐ Delete  
NAME HINTZMAN, MORRIS  
STREET ADDRESS 2002 N FLORIDA AVENUE  
CITY-ST-ZIP TAMPA FL 33602

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

TITLE D ☐ Delete  
NAME HANDLEY, MARY  
STREET ADDRESS 1008 E. IDLEWILD  
CITY-ST-ZIP TAMPA FL 33604

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

TITLE T ☐ Delete  
NAME SMITH, J ED  
STREET ADDRESS 19252 BLOUNT ROAD  
CITY-ST-ZIP LUTZ FL

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

TITLE VD ☐ Delete  
NAME HARVESTER, JAMES V  
STREET ADDRESS 15040 LAKE MAGDALENE BLVD  
CITY-ST-ZIP TAMPA FL

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

TITLE SD ☐ Delete  
NAME PERRIN, CAROL  
STREET ADDRESS 904 W. LINEBAUGH AVENUE  
CITY-ST-ZIP TAMPA FL 33612

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:

J. ED SMITH, TREASURER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 19, 2002 8:00 am  
Secretary of State

02-19-2002 90028 044 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)