

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719941

1. Entity Name

THE FIRST UNITED METHODIST CHURCH OF SPRING HILL

Principal Place of Business

9344 SPRING HILL DRIVE
SPRING HILL FL 34608

Mailing Address

9344 SPRING HILL DRIVE
SPRING HILL FL 34608-6355

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

KASPER, GLENN
1216 DESMOND AVE.
SPRING HILL FL 34608

4. FEI Number

59-1565592

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

TITLE D ☒ Delete
NAME WEIS, OSCAR L
STREET ADDRESS 6235 HARCROSS CT
CITY-ST-ZIP SPRING HILL FL

TITLE D ☐ Delete
NAME BONDS, HORACE
STREET ADDRESS 9297 PICKENS ST
CITY-ST-ZIP SPRING HILL FL

TITLE C ☐ Delete
NAME KASPER, GLENN
STREET ADDRESS 1216 DESMOND AVE.
CITY-ST-ZIP BROOKSVILLE FL

TITLE S ☐ Delete
NAME ANKERS, SALLY
STREET ADDRESS 14420 VAN COURT DRIVE
CITY-ST-ZIP SPRING HILL FL 34610

TITLE S ☐ Delete
NAME CLARK, JUDY
STREET ADDRESS 13392 WILBURTON STREET
CITY-ST-ZIP SPRING HILL FL 34609

TITLE D ☐ Delete
NAME GOLDEN, JON
STREET ADDRESS 9575 CHRISTINE ST
CITY-ST-ZIP SPRING HILL FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Andrews, Russell
STREET ADDRESS P.O. Box 6071
CITY-ST-ZIP Spring Hill, FL 34608

TITLE D ☐ Change ☒ Addition
NAME Covert, Harold
STREET ADDRESS 4453 Plumosa Street
CITY-ST-ZIP Spring Hill, FL 34607

TITLE D ☐ Change ☒ Addition
NAME Heath, Jack
STREET ADDRESS 7315 Flyway Drive
CITY-ST-ZIP Spring Hill, FL 34607

TITLE D ☐ Change ☒ Addition
NAME Varney, Irene
STREET ADDRESS 6028 Piedmont Drive
CITY-ST-ZIP Spring Hill, FL 34606

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90135 044 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)