

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90103 046 ****61.25

DOCUMENT # 721795

1. Entity Name

**BOARD OF TRUSTEES, FIRST UNITED METHODIST CHURCH
 , TAMPA, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**1001 NORTH FLORIDA AVE.
 TAMPA FL 33602**

**1001 NORTH FLORIDA AVE.
 TAMPA FL 33602**

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

59-0718490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBBINS, DONNA, K
 1001 N FLORIDA AVE
 TAMPA FL 33602**

Name

Barbara A. Sarnor

Street Address (P.O. Box Number is Not Acceptable)

1001 N Florida Ave.

City

Tampa

FL

Zip Code

33602

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

Barbara A. Sarnor Bookkeeper 9-5-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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 ☒ Delete
 NAME **D**
 STREET ADDRESS **CAPITANO, JOE**
 CITY-ST-ZIP **617 W VIRGINIA AVE
 TAMPA FL**

TITLE ☐ Change ☒ Addition
 NAME **Board of Trustees Chair**
 STREET ADDRESS **Warren, Harrell**
 CITY-ST-ZIP **7006 Shenandoah Ct.
 Tampa, Fl. 33615**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **CULP, JAMES**
 CITY-ST-ZIP **4519 WATEROUS AVE
 TAMPA FL**

TITLE ☐ Change ☒ Addition
 NAME **Trustee**
 STREET ADDRESS **Lowe, Rita**
 CITY-ST-ZIP **2403 So. Ardson Pl. #602B
 Tampa, Fl. 33629**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **CAMALO, ELIZABETH J**
 CITY-ST-ZIP **6404 DIMARCO ROAD
 TAMPA FL 33634**

TITLE ☐ Change ☒ Addition
 NAME **Treasurer**
 STREET ADDRESS **Dowell, John**
 CITY-ST-ZIP **4501 Twin Crest Way
 Tampa, Fl. 33624**

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **ROBERTS, DALE SR**
 CITY-ST-ZIP **2055 BEAM AVENUE
 TAMPA FL 33618**

TITLE ☒ Change ☐ Addition
 NAME **2005 Bearss Ave. W.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SESSUMS, TERRELL**
 CITY-ST-ZIP **5020 BAYSHORE BLVD #204
 TAMPA FL 33611**

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

TITLE ☐ Delete
 NAME **M**
 STREET ADDRESS **WILLETTS, ICAZA LIA**
 CITY-ST-ZIP **1001 N FLORIDA AVE
 TAMPA FL 33602**

TITLE ☒ Change ☐ Addition
 NAME **Icaza-Willetts, Lia.**
 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

REQUIRED

CR2E037 (4/02)