## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # **722447** Feb 20, 2000 8:00 am **Secretary of State** HIGH POINT UNITED METHODIST CHURCH, INC. 02-20-2000 90035 025 \*\*\*\*61.25 Principal Place of Business Mailing Address 15703 - 61ST ST. N. 15703 - 61ST ST. N. CLEARWATER FL 33760-2108 CLEARWATER FL 34620 2. Principal Place of Business 3: Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-0879135 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH, BEN T 11990 76TH ST NORTH 3052 OVERLOOK PL LARGO FL 33773 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 Stanature, typed or prin 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change Delete TITLE TITLE EDWIN BATTSON GROOM, ROD NAME STREET ADDRESS STREET ADDRESS 5034 FOXBRIDGE CIRCLE NORTH, #318 LARGO, FL. 34641 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 34620 ☐ Addition TITLE ☐ Delete TITLE Change NAME WALTON, KEN NAME STREET ADDRESS STREET ADDRESS 2620 COVE CAY, #805 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 34620** ☐ Delete - - -TITLE ☐ Change ☐ Addition TITLE NAME MCLEOD, BETTY NAME STREET ADDRESS STREET ADDRESS 15411 61ST STREET NORTH CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 34620 TITLE Change ☐ Addition ☐ Delete NAME SPYKER, LARRY STREET ADDRESS STREET ADDRESS 15365 BEDFORD CIR W CITY-ST-ZIP CITY-ST-7IP CLEARWATER FL ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME SZATHOWSKI, JIM STREET ADDRESS STREET ADDRESS 3013 LONGBROOKE WAY CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL Change ☐ Addition ☐ Delete TITLE TITLE FENIMORE, HARRIETT NAME STREET ADDRESS STREET ADDRESS 7001 142ND AVE. NORTH, 238 CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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:

CLEARWATER FL

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

2/8/2000 727-535-277