

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728249

1. Entity Name

RADER MEMORIAL UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

205 NE 87TH ST.
MIAMI FL 33138

205 NE 87TH ST.
MIAMI FL 33138-3017

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

59-0725549

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

PEREZ, RAYMOND
180 NE 128TH TERRACE
MIAMI FL 33161

Name David C. Olsen

Street Address (P.O. Box Number is Not Acceptable)
15475 N.W. 2nd Court

City

Miami

FL

Zip Code
33169

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
NAME OLSEN, DAVID
STREET ADDRESS 205 NE 87TH ST.
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE PD
NAME George Bennett
STREET ADDRESS 10007 N.E. 4th Ave.
CITY-ST-ZIP Miami Florida 33138 ☒ Change ☐ Addition

TITLE VD
NAME BIGELOW, JOHN
STREET ADDRESS 2174 NE 174TH STREET
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE VD
NAME Steven Ray
STREET ADDRESS 15636 N.E. 2nd Ave.
CITY-ST-ZIP Miami Florida 33162 ☒ Change ☐ Addition

TITLE SD
NAME RAY, PATRICIA A
STREET ADDRESS 15636 NE 2ND AVE
CITY-ST-ZIP MIAMI FL 33162 ☐ Delete

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

TITLE MD
NAME BIGELOW, SUE
STREET ADDRESS 2174 NE 174TH STREET
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE MD
NAME Dawn Davis
STREET ADDRESS 110 N.E. 187th St
CITY-ST-ZIP Miami Florida 33179 ☒ Change ☐ Addition

TITLE MD
NAME KENNEDY, L.D.
STREET ADDRESS 156 NW 90TH ST
CITY-ST-ZIP EL PORTAL FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE MD
NAME Raymond V. Perez
STREET ADDRESS 180 N.E. 128th Terrace
CITY-ST-ZIP Miami Florida 33161 ☐ Change ☒ Addition

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 of 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 #



DO NOT WRITE IN THIS SPACE

01-27-00

01-27-00 305-758-2521