

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728513

1. Entity Name

UNIVERSITY UNITED METHODIST CHURCH AND STUDENT C

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90076 027 ****61.25

Principal Place of Business

Mailing Address

1320 W. UNIV. AVENUE
GAINESVILLE FL 32603

1320 W. UNIV. AVENUE
GAINESVILLE FL 32603-1977

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

59-0704740

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

Name

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

City

FL

Zip Code

PERKINS, JAMES H.
7710 N.W. 40TH AVENUE
GAINESVILLE FL 32606

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 CD ☐ Delete
NAME SCHEAFFER, CAROLYN
STREET ADDRESS 1820 W UNIV AVE
CITY-ST-ZIP GAINESVILLE FL

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

TITLE D ☐ Delete
NAME SIMPSON, KIM
STREET ADDRESS 1320 W. UNIV. AVENUE
CITY-ST-ZIP GAINESVILLE, FL 00000

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

TITLE D ☐ Delete
NAME SPRINGFIELD, EMERY
STREET ADDRESS 1320 W UNIVERSITY AVENUE
CITY-ST-ZIP GAINESVILLE, FL 00000

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

TITLE D ☐ Delete
NAME SCHEAFFER, RICHARD
STREET ADDRESS 1320 W. UNIV. AVENUE
CITY-ST-ZIP GAINESVILLE, FL 00000

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

TITLE T ☐ Delete
NAME PERKINS, JAMES
STREET ADDRESS 7710 N.W. 70TH AVENUE
CITY-ST-ZIP GAINESVILLE, FL 00000

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

TITLE D ☐ Delete
NAME ALEXANDER, JAMES
STREET ADDRESS 1320 W. UNIV. AVENUE
CITY-ST-ZIP GAINESVILLE, FL 00000

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 #

CR2E037 (9/99)