

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728513

1. Entity Name

UNIVERSITY UNITED METHODIST CHURCH AND STUDENT C
ENTER, INC.

Principal Place of Business

Mailing Address

1320 W. UNIV. AVENUE
GAINESVILLE FL 32603

1320 W. UNIV. AVENUE
GAINESVILLE FL 32603

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	CD	SCHEAFFER, CAROLYN	1820 W UNIV AVE GAINESVILLE FL	<input type="checkbox"/>
	D	SIMPSON, KIM	1320 W. UNIV. AVENUE GAINESVILLE, FL 00000	<input type="checkbox"/>
	D	SPRINGFIELD, EMERY	1320 W UNIVERSITY AVENUE GAINESVILLE, FL 00000	<input type="checkbox"/>
	D	SCHEAFFER, RICHARD	1320 W. UNIV. AVENUE GAINESVILLE, FL 00000	<input type="checkbox"/>
	T	PERKINS, JAMES	7710 N.W. 70TH AVENUE GAINESVILLE, FL 00000	<input type="checkbox"/>
	D	ALEXANDER, JAMES	1320 W. UNIV. AVENUE GAINESVILLE, FL 00000	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

01/15/02 (352) 372-8183

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90022 033 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)