

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729031

1. Entity Name

BOARD OF TRUSTEES, FIRST UNITED METHODIST CHURCH

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90255 042 ****61.25

Principal Place of Business
6209 LAND O' LAKES BLVD.
LAND O LAKES FL 34639

Mailing Address
6209 LAND O' LAKES BLVD.
LAND O LAKES FL 34639

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
59-6193829

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

~~SWAN, ROBERT~~
~~1314 WINDSOR WAY~~
~~LUTZ FL 33549~~

Name
Douglas Newman
Street Address (P.O. Box Number is Not Acceptable)
6917 Thomas Circle
Land O' Lakes
City FL Zip Code
34639

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	C SWAN, ROBERT 1314 WINDSOR WAY LUTZ FL 33549	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC ADAMS, RUSSELL 3420 LAKE PADGETT DR LAND O' LAKES FL 34639	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTR WELD, JOANNE 22306 WEEKS BLVD LAND O'LAKES FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CARPENTER, RICHARD 3845 PENINSULAR DRIVE LAND O' LAKES FL 34639	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HENRY, CLAUDETTE 3704 GREATWOOD CT LAND O'LAKES FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR VINSON, VIRGIL 5207 CONNER DR LAND O LAKES FL	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Douglas Newman 6018 Thomas Circle Land O' Lakes, FL 34639	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Mary Quick 21600 Brett Lane Land O' Lake, FL 34639	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Gary Richey 5354 Juia Lane Land O' Lakes, FL 34639	☐ 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 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 (10/00)