

2002 UNIFORM BUSINESS REPORT (UBR)

2.

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-07-2002 90023 017 ****61.25

DOCUMENT # 729031

1. Entity Name

**BOARD OF TRUSTEES, FIRST UNITED METHODIST CHURCH
LAND O' LAKES FLORIDA, INC.**

Principal Place of Business

Mailing Address

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

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

**NEWMAN, DOUGLAS
6917 THOMAS CIRCLE
LAND O LAKES FL 34639**

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	C	☐ Delete
NAME	NEWMAN, DOUGLAS	
STREET ADDRESS	6018 THOMAS CIRCLE	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	VC	☒ Delete
NAME	ADAMS, RUSSELL	
STREET ADDRESS	3420 LAKE PADGETT DR	
CITY-ST-ZIP	LAND O' LAKES FL 34639	
TITLE	TTR	☒ Delete
NAME	WELD, JOANNE	
STREET ADDRESS	22308 WEEKS BLVD	
CITY-ST-ZIP	LAND O' LAKES FL	
TITLE	TR	☒ Delete
NAME	CARPENTER, RICHARD	
STREET ADDRESS	3845 PENINSULAR DRIVE	
CITY-ST-ZIP	LAND O' LAKES FL 34639	
TITLE	TR	☐ Delete
NAME	QUICK, MARY	
STREET ADDRESS	21600 BRETT LANE	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	TR	☐ Delete
NAME	RICHEY, GARY	
STREET ADDRESS	5354 JULIA LANE	
CITY-ST-ZIP	LAND O LAKES FL 34639	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VC Ken Boe	☒ Change ☐ Addition
NAME	6212 Discovery Lane	
STREET ADDRESS	Land O' Lakes, FL 34639	
CITY-ST-ZIP		
TITLE	TTR Tom Boerner	☒ Change ☐ Addition
NAME	6444 Paw Place	
STREET ADDRESS	Land O' Lakes, FL 34639	
CITY-ST-ZIP		
TITLE	TR Diane Kuenzel, Esq.	☒ Change ☐ Addition
NAME	P.O. Box 334	
STREET ADDRESS	Land O' Lakes, FL 34639	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

A. Kenton Crow, Jr.

CR2E037 (9/01)