

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729621

1. Entity Name

THE UNITED METHODIST CHURCH DISTRICT BOARD OF MI

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90065 039 ****61.25

Principal Place of Business

1567 HIGHLAND AVE
NO. 297
CLEARWATER FL 34616

Mailing Address

1543 S HIGHLAND AVE
NO 297
CLEARWATER FL 33756-2374
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1037212

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

COLE, STEPHEN
400 CLEVELAND STREET
9TH FLOOR
CLEARWATER FL 34615

7. Name and Address of New Registered Agent

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

TITLE DC ☐ Delete
NAME COUNTS, NORRIS
STREET ADDRESS 9400 NINTH ST., N.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE DS ☐ Delete
NAME STEPHENSON, JOHN M.
STREET ADDRESS 2801 EAST LAKE ROAD
CITY-ST-ZIP PALM HARBOR FL

TITLE DC ☐ Delete
NAME COLE, STEPHEN
STREET ADDRESS 400 CLEVELAND STREET, 9TH FLOOR
CITY-ST-ZIP CLEARWATER FL 34615

TITLE DT ☐ Delete
NAME JAMES, KEVIN M SR
STREET ADDRESS 1543 HIGHLAND AVE. S. NO 297
CITY-ST-ZIP CLEARWATER FL 33756

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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 of Kevin M. James
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)