

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730765

1. Entity Name

THE METHODIST CHURCH DISTRICT BOARD OF MISSIONS

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90064 033 \*\*\*\*70.00

Principal Place of Business

Mailing Address

3342 PINE VALLEY DR  
SARASOTA FL 34239  
US

PO BOX 31060  
SARASOTA FL 34232-0060  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1692550

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAVID G BOWMAN  
1700 CUNLIFF LANE  
SARASOTA FL 34239

Name George A. Dietz

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

200 South Orange Avenue

(Mail: P.O. Box 3258, Sarasota, FL 34230-3258)

City Sarasota

FL

Zip Code 34236

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 George A. Dietz, Attorney

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/00

**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 ☐ Delete  
NAME TD  
STREET ADDRESS GREEN, JOHN H  
CITY-ST-ZIP 3342 PINE VALLEY DR  
SARASOTA, FL 00000 34239

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

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS MCCLELLAND, LLOYD C.  
CITY-ST-ZIP 803 OJAHU AVE  
SUN CITY CENTER FL 33573

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS JOHN H INGRAM  
CITY-ST-ZIP 401 BAYVIEW  
NOKOMIS FL 34275

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DOUGLAS S PARETI  
CITY-ST-ZIP 7215 1ST AVE W  
BRADENTON FL 34209

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HETTEMA, ROGER L  
CITY-ST-ZIP 7400 S. GATOR CREEK BLVD.  
SARASOTA FL 34241

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

TITLE ☐ Delete  
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.

JOHN H. GREEN

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00

941-924-3044

Date

Daytime Phone #

CR2E037 (9/99)