

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

01-12-2000 90067 034 \*\*\*\*61.25

**DOCUMENT # 733342**

1. Entity Name

**UNITED METHODIST COOPERATIVE MINISTRIES/SUNCOAST**

Principal Place of Business

Mailing Address

1567 HIGHLAND AVENUE  
 NO. 297  
 CLEARWATER FL 34616  
 US

1543 S HIGHLAND AVE  
 297  
 CLEARWATER FL 33756-2374  
 US

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

**59-1623437**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLE, STEPHEN**  
**925 BAY ESPLANDE**  
**CLEARWATER FL 34630**

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 **CD**  Delete  
**MIKE BISHOP**  
 STREET ADDRESS **2177 WATER OAK DRIVE N.**  
 CITY-ST-ZIP **CLEARWATER FL**

TITLE  
 NAME **Bonnie Swan**  Change  Addition  
 STREET ADDRESS **1581 Willow Brook Dr.**  
 CITY-ST-ZIP **Palm Harbor, FL 34684**

TITLE  
 NAME **D**  Delete  
**JAMES, KEVIN M SR**  
 STREET ADDRESS **1543 S. HIGHLAND AVE/#297**  
 CITY-ST-ZIP **CLEARWATER FL**

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **MD**  Delete  
**RATZLAFF, DONNA**  
 STREET ADDRESS **3940 18TH AVENUE SOUTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **VD**  Delete  
**CLAIRE MOBAY**  
 STREET ADDRESS **4890 BAY ST. N.E. #337**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE  
 NAME **Marion Lucciola**  Change  Addition  
 STREET ADDRESS **4091 31st Ave. N.**  
 CITY-ST-ZIP **St. Petersburg, FL 33713**

TITLE  
 NAME **DT**  Delete  
**FENLON, RICHARD K CPA**  
 STREET ADDRESS **5245 CENTRAL AVENUE**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE  
 NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  Change  Addition  
 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* **ROBERT LAMM, SR.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)