

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT # 734741

1. Entity Name

ORTEGA UNITED METHODIST FOUNDATION, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90092 001 \*\*\*122.50

Principal Place of Business Mailing Address  
4807 ROOSEVELT BLVD. 4807 ROOSEVELT BLVD.  
JACKSONVILLE FL 32210 JACKSONVILLE FL 32210

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 59-1638630 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

YOUNG, FRANK  
1050 RIVERSIDE AVENUE  
JACKSONVILLE FL 32204

Name James Lobley  
Street Address (P.O. Box Number is Not Acceptable) 4722 Ivanhoe Road  
City Jacksonville FL Zip Code 32210

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

*James Q. Lobley*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/27/2000  
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	D	<input checked="" type="checkbox"/> Delete
NAME	RISLEY, STEVE	
STREET ADDRESS	4558 ORTEGA FOREST DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, CHARLESQ	
STREET ADDRESS	5041 ORTEGA FARMS BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SEAY, JOE	
STREET ADDRESS	4617 ORTEGA BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BRIGMAN, ELLIS	
STREET ADDRESS	5024 CHARLEMANGE RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, GEORGE	
STREET ADDRESS	2748 Admiral Way	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIPPER, BILL	
STREET ADDRESS	4904 Prince Edward Rd.	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN LANDINGHAM, RAY	
STREET ADDRESS	4887 Water Oak Lane	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATER, JIM	
STREET ADDRESS	3737 Ortega Blvd.	
CITY-ST-ZIP	Jacksonville, FL 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: X

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*James Q. Lobley*

Date

Daytime Phone #

CR25037 (9/99)