

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 02, 2001 8:00 am
Secretary of State

02-15-2001 90228 001 ***122.50

DOCUMENT # 734741

1. Entity Name

ORTEGA UNITED METHODIST FOUNDATION, INC.

Principal Place of Business

**4807 ROOSEVELT BLVD.
 JACKSONVILLE FL 32210**

Mailing Address

**4807 ROOSEVELT BLVD.
 JACKSONVILLE FL 32210**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**YOUNG, FRANK
 1050 RIVERSIDE AVENUE
 JACKSONVILLE FL 32204**

7. Name and Address of New Registered Agent

Name

Margaret Fox

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

5117 Imperial Cove Rd.

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

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 **D** ☐ Delete
 NAME **RISLEY, STEVE**
 STREET ADDRESS **4558 ORTEGA FOREST DR.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **SD** ☐ Delete
 NAME **THOMPSON, CHARLESQ**
 STREET ADDRESS **5041 ORTEGA FARMS BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **PD** ☐ Delete
 NAME **SEAY, JOE**
 STREET ADDRESS **4817 ORTEGA BLVD.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **TD** ☐ Delete
 NAME **BRIGMAN, ELLIS**
 STREET ADDRESS **5024 CHARLEMANGE RD.**
 CITY-ST-ZIP **JACKSONVILLE FL**

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 **D** ☒ Change ☐ Addition
 NAME **WEST, GEORGE**
 STREET ADDRESS **2748 Admiral Way**
 CITY-ST-ZIP **Orange Park, FL 32073**

TITLE **D** ☒ Change ☐ Addition
 NAME **NIPPER, BILL**
 STREET ADDRESS **4904 Prince Edward Rd.**
 CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE **D** ☒ Change ☐ Addition
 NAME **VAN LANDINGHAM, RAY**
 STREET ADDRESS **4887 Water Oak Lane**
 CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE **D** ☒ Change ☐ Addition
 NAME **CATER, JIM**
 STREET ADDRESS **3737 Ortega Blvd.**
 CITY-ST-ZIP **Jacksonville, FL 32210**

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

George D. West

2/26/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)