

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736113

1. Entity Name

THE FLORIDA UNITED METHODIST DEVELOPMENT FUND, I

Principal Place of Business

1140 EST McDONALD ST.  
P.O. BOX 70  
LAKELAND FL 33801  
US

Mailing Address

P. O. BOX 3767  
LAKELAND FL 33802-3767  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1707398

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

NANCE, PAULA M.  
1140 EAST McDONALD STREET  
LAKELAND FL 33801

Name  
Marston, Thomas W.  
Street Address (P.O. Box Number is Not Acceptable)  
1140 East McDonald Street  
City  
Lakeland, FL Zip Code  
33802

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	VD	<input type="checkbox"/> Delete
NAME	BERES, STEVEN D	
STREET ADDRESS	P.O. BOX DRAWER 24 N/A	
CITY-ST-ZIP	STUART FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KINDER, CHARLES E	
STREET ADDRESS	14841 GREEN VALLEY BLVD	
CITY-ST-ZIP	CLERMONT FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	NANCE, PAULA M.	
STREET ADDRESS	5653 SOUTHBROOK DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANN, ROBERT E.	
STREET ADDRESS	P.O. BOX 907 NA	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Batman, David	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 122039	
STREET ADDRESS	Clermont, Florida 34712-0039	
CITY-ST-ZIP		
TITLE	Marston, Thomas W.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1140 East McDonald Street	
STREET ADDRESS	Lakeland, Florida 33802	
CITY-ST-ZIP		
TITLE	Pool, Lynn	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3309 Hargill Drive	
STREET ADDRESS	Orlando, Florida 32806	
CITY-ST-ZIP		
TITLE	Hicks, Pam	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1140 East McDonald Street	
STREET ADDRESS	Lakeland, Florida 33802	
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:

*Signature of Paula M. Nance*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 31, 2000 8:00 am  
Secretary of State

05-31-2000 90011 015 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CF2E037 (9/99)