

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90044 023 ****61.25

0044309

DOCUMENT # 736113

1. Entity Name

**THE FLORIDA UNITED METHODIST DEVELOPMENT FUND, I
NC.**

Principal Place of Business

Mailing Address

1140 EST McDONALD ST.
P.O. BOX 70
LAKELAND FL 33801
USP. O. BOX 3767
LAKELAND FL 33802
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

59-1707398

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

**MARSTON, THOMAS W
1140 EAST McDONALD STREET
LAKELAND FL 33801**

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 \$61.259. 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	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
CD	BERES, STEVEN D	P.O. BOX DRAWER 24 N/A	STUART FL				
VCD	BATMAN, DAVID	PO BOX 122039	CLERMONT FL 34712-0039				
T	HICKS, PAMELA W	4958 FOX RUN LANE	LAKELAND FL 33813				
SD	POOL, NANCY L	22478-6 COACH HOUSE BLVD	ORLANDO FL 32812				
P	MARSTON, THOMAS W	119 CHRISTINA BLVD W	LAKELAND FL 33813				

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR3/21/02 863-685-5563
Date Daytime Phone #

CR2E037 (9/01)