

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736873

1. Entity Name

ST. LUKE'S UNITED METHODIST CHURCH OF FLORIDA GARDENS

Principal Place of Business

165 OHIO RD.  
LAKE WORTH FL 33467

Mailing Address

165 OHIO RD.  
LAKE WORTH FL 33467-3827

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

59-2297890

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

CHARDT, CHRIS  
5500 HUDDLE HILL DR.  
LAKE WORTH FL 33463

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>AMATEIS, ROLAND<br>7791 PEBBLE BEACH DR.<br>LAKE WORTH FL        | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>REGINALD RUSHWORTH<br>222 D1 PINE HOV CIR<br>LAKE WORTH FL 33463 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>HART, RUTH<br>4340 LUCERNE VILLAS<br>LAKE WORTH FL 33467         | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>BUMGARNER, JOHN<br>304 OHIO RD<br>LAKE WORTH FL                  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>CHRIS CHARDT<br>5500 HUDDLE HILL DR<br>LAKE WORTH FL 33463       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>DONER, DAVID<br>38 WEST ARCH DR.<br>LAKE WORTH FL 33467          | <input checked="" type="checkbox"/> Delete |

|                                                           |                                                                              |
|-----------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| T<br>Nancy Sears<br>32 Cuyahoga rd<br>Lake Worth FL 33463 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| T<br>Ed Roberts<br>4804 Pier dr.<br>Green Acres FL        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED  
Feb 04, 2000 8:00 am  
Secretary of State

02-04-2000 90063 012 \*\*\*\*61.25

CR2E037 (9/99)