

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90008 050 \*\*\*\*61.25

**DOCUMENT # 757522**

1. Entity Name

**UNITED METHODIST CHURCH OF SUN CITY CENTER, INC.**

Principal Place of Business

Mailing Address

1210 DEL WEBB BLVD  
 SUN CITY CNTR FL 33573

1210 DEL WEBB BLVD  
 SUN CITY CNTR FL 33573-5224

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

**59-2131662**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAUSER, ROBERT**  
**907 OXFORD PARK DRIVE**  
**SUN CITY CENTER FL 33573**

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 **DC**  Delete  
 NAME **HAUSER, ROBERT**  
 STREET ADDRESS **907 OXFORD PARK DRIVE**  
 CITY-ST-ZIP **SUN CITY CNTR FL**

TITLE **T**  Change  Addition  
 NAME **ALLEN, RUTH**  
 STREET ADDRESS **725 MCDANIEL**  
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **T**  Delete  
 NAME **DODD, LOWELL**  
 STREET ADDRESS **1203 ROYAL LINKS CT.**  
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **T**  Change  Addition  
 NAME **DUNCAN, BETTY**  
 STREET ADDRESS **902 SUN KEY CT.**  
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **DS**  Delete  
 NAME **VALENTINE, LUCILLE**  
 STREET ADDRESS **202 GLOUCESTER**  
 CITY-ST-ZIP **SUN CITY CNTR FL 33573**

TITLE **T**  Change  Addition  
 NAME **RAYBUCK, JAMES**  
 STREET ADDRESS **2524 LYNX RD**  
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **TVC**  Delete  
 NAME **SMITH, FORREST**  
 STREET ADDRESS **1244 W. DEL WEBB BLVD.**  
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **T**  Change  Addition  
 NAME **DAVIES, MARION**  
 STREET ADDRESS **302 CANTON CT**  
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **T**  Delete  
 NAME **JOHNSON, DAVID**  
 STREET ADDRESS **740 FAIRWAY RIDGE COURT**  
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **T**  Change  Addition  
 NAME **ZUGROVICH, WILLIAM**  
 STREET ADDRESS **1213 EAST LOCH CT**  
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **TVC**  Delete  
 NAME **MAST, DANIEL**  
 STREET ADDRESS **705 INDIAN WELLS**  
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **T**  Change  Addition  
 NAME **HEINZMAN, JACK**  
 STREET ADDRESS **2317 OLIVE BRANCH DR**  
 CITY-ST-ZIP **SUN CITY CENTER FL**

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:

*Robert Hauser*  
**REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-4-00* (813)634-2539  
 Date Daytime Phone #

CR2E037 (9/99)