

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90107 026 \*\*\*\*61.25

**DOCUMENT # 757522**

1. Entity Name

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

707075



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1210 DEL WEBB BLVD SUN CITY CNTR FL 33573	Mailing Address 1210 DEL WEBB BLVD SUN CITY CNTR FL 33573
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2. Principal Place of Business 1210 Del Webb Blvd. W. Suite, Apt. #, etc.	3. Mailing Address 1210 Del Webb Blvd. W. Suite, Apt. #, etc.
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City & State Sun City Center FL	City & State Sun City Center FL	4. FEI Number 59-2131662	Applied For Not Applicable
Zip 33573	Country USA	Zip 33573	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name  
**William Zugrovich**

Street Address (P.O. Box Number is Not Acceptable)  
**1213 East Loch Ct.**

City  
**Sun City Center** **FL** Zip Code  
**33573**

**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 *William Zugrovich* DATE *1/18/01*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HAUSER, ROBERT 907 OXFORD PARK DRIVE SUN CITY CNTR FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEN, RUTH 725 MCDANIEL SUN CITY CENTER FL 33573	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VALENTINE, LUCILLE 202 GLOUCESTER SUN CITY CNTR FL 33573	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVC SMITH, FORREST 1244 W. DEL WEBB BLVD. SUN CITY CENTER FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, DAVID 740 FAIRWAY RIDGE COURT SUN CITY CENTER FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HEINZMAN, JACK 2317 OLIVE BRANCH DR SUN CITY CENTER FL	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Zugrovich, William 1213 East Loch Ct. Sun City Center FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Duncan, Betty 902 Sun Key Ct. Sun City Center FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Raybuck, James 2524 Lynx Rd. Sun City Center FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Davies, Marion 302 Canton Ct. Sun City Center FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Gehres, Floyd 1220 Del Webb Blvd. W. Sun City Center FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee O'Day, Tom 504 Shea Place Sun City Center FL 33573	<input type="checkbox"/> Change <input checked="" 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: *William Zugrovich* DATE: *1/18/01*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)