

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90107 014 \*\*\*\*61.25

0066605

**DOCUMENT # 765844**

1. Entity Name

**FIRST UNITED METHODIST CHURCH OF LUTZ, INC.**

Principal Place of Business

Mailing Address

**207 W LUTZLAKEFERN RD  
 LUTZ FL 33549  
 US**

**207 W LUTZLAKEFERN RD  
 LUTZ FL 33549  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0751925**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33548 4202**

**33548 4202**

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

**HEARNE, FRANK  
 18400 TIMBERLAN DR  
 LUTZ FL 33549**

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  Delete  
 NAME **D NORIEGA, BRIAN**  
 STREET ADDRESS **16712 SHEFFIELD PARK**  
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE  Change  Addition  
 NAME **Allen Carroll-Trustee**  
 STREET ADDRESS **3504 Crenshaw Lake Rd. Chairperson**  
 CITY-ST-ZIP **Lutz, FL 33548**

TITLE  Delete  
 NAME **D JACKSON, BARBARA**  
 STREET ADDRESS **15006 ALBRIGHT DR**  
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE  Change  Addition  
 NAME **Fred Wilsky-Trustee**  
 STREET ADDRESS **2926 Wilsky Rd.**  
 CITY-ST-ZIP **Land O' Lakes, FL 34639**

TITLE  Delete  
 NAME **D BOS, JANET**  
 STREET ADDRESS **2346 WINDSOR OAKS AV**  
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE  Change  Addition  
 NAME **Jo VanBebber-Trustee**  
 STREET ADDRESS **301 Debuel Rd.**  
 CITY-ST-ZIP **Lutz, FL 33549**

TITLE  Delete  
 NAME **D BALL, TIM**  
 STREET ADDRESS **725 DEER LAKE RD W**  
 CITY-ST-ZIP **LUTZ FL 33549-5216**

TITLE  Change  Addition  
 NAME **John Lockhart-Trustee**  
 STREET ADDRESS **PO Box 934**  
 CITY-ST-ZIP **Lutz, FL 33548**

TITLE  Delete  
 NAME **D CLARK, BETTY**  
 STREET ADDRESS **15005 ALBRIGHT DR**  
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE  Change  Addition  
 NAME **David Vick-Trustee**  
 STREET ADDRESS **19523 Deer Lake Rd.**  
 CITY-ST-ZIP **Lutz, FL 33548**

TITLE  Delete  
 NAME **D ELDER, DAN**  
 STREET ADDRESS **22204 STILLWOOD DR**  
 CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE  Change  Addition  
 NAME **Trustee Arthur Ebanks**  
 STREET ADDRESS **PO Box 447 Lutz, FL 33548**

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: **ALLISON PATRICK REQUIRADO**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/15/02**  
 Date

**961-2712**  
 Daytime Phone #

CR2E037 (9/01)