

2001 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-02-2001 90114 047 ****61.25

DOCUMENT # N01197

1. Entity Name

GEORGE YOUNG MEMORIAL UNITED METHODIST CHURCH, I

Principal Place of Business

Mailing Address

2801 E. LAKE RD.
PALM HARBOR FL 34685-8819

2801 E. LAKE RD.
PALM HARBOR FL 34685-8819

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 **59-2276646**

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

FREE, E. LEBRON
PARK PROFESSIONAL CENTER
2725 PARK DRIVE, SUITE 4
CLEARWATER FL 34623-8023

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	S	☐ Delete
NAME	DUNN, LEW	
STREET ADDRESS	1209 HALIFAX CT	
CITY-ST-ZIP	TARPON SPRINGS FL 34689-7617	
TITLE	T	☐ Delete
NAME	PECK, RON	
STREET ADDRESS	4650 AYLESFORD DR.	
CITY-ST-ZIP	PALM HARBOR FL 34685-4009	
TITLE	T	☒ Delete
NAME	JONES, VIRGINIA	
STREET ADDRESS	340 CYPRESS CREEK CIR	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	T	☐ Delete
NAME	WILSON, PAMELA	
STREET ADDRESS	1252 CLAYS TRAIL	
CITY-ST-ZIP	OLDSMAR FL 34677-4865	
TITLE	T	☐ Delete
NAME	SCHROCK, CLAIR	
STREET ADDRESS	3368 PATTIE PLACE	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	T	☒ Delete
NAME	GLASS, JAMES	
STREET ADDRESS	16307 HOLWOOD DRIVE	
CITY-ST-ZIP	ODESSA FL 33556-2811	

ADD

Michael Norcia
3013 Arbor Oaks Dr.
Tarpon Springs, FL

TITLE	T	☐ Change ☒ Addition
NAME	Robert LAFORME	
STREET ADDRESS	1910 Riveredge Dr.	
CITY-ST-ZIP	Tarpon Springs, FL 34689-6252	
TITLE	T	☐ Change ☒ Addition
NAME	Lois Dinsmore	
STREET ADDRESS	3210 Lake Pine Way E Apt H-1	
CITY-ST-ZIP	Tarpon Springs, FL 34689-6489	
TITLE	T	☐ Change ☒ Addition
NAME	George Mindak	
STREET ADDRESS	1200 Tarpon Woods Blvd Apt Q5	
CITY-ST-ZIP	Palm Harbor, FL 34685-2014	
TITLE	T	☐ Change ☒ Addition
NAME	Suzan McVeen	
STREET ADDRESS	2027 Shadow Walk	
CITY-ST-ZIP	Palm Harbor, FL 34685-2348	
TITLE	T	☐ Change ☒ Addition
NAME	Gary Connolly	
STREET ADDRESS	19133 Gunn Hwy	
CITY-ST-ZIP	Odessa, FL 33556-4213	
TITLE	T	☐ Change ☒ Addition
NAME	William Ward	
STREET ADDRESS	3101 Phlox Dr.	
CITY-ST-ZIP	Palm Harbor, FL 34684-3443	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ronald M. Peck* **Ronald M. Peck** **2/27/01** **727-789-0256**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)