

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02365

1. Entity Name

THE LEESBURG DISTRICT BOARD OF MISSIONS AND CHURCH
EXTENSION OF THE UNITED METHODIST CHURCH, INC

Principal Place of Business

103 NORTH LEE STREET
LEESBURG FL 34748
US

Mailing Address

103 NORTH LEE STREET
LEESBURG FL 34748
US

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

59-2307314

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

PULLUM, STEPHEN
1330 W. CITIZENS BLVD., STE. 701
LEESBURG FL 34748

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 NAME	D ZIPPERER, DOUGLAS H	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	103 N LEE STREET	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE NAME	VD WAGNER, CLARON D.	<input type="checkbox"/> Delete
STREET ADDRESS	103 N LEE STREET	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE NAME	SD KOKX, DOUGLAS S	<input type="checkbox"/> Delete
STREET ADDRESS	103 N LEE STREET	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE NAME	DAS PULLUM, J. STEPHEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1330 W. CITIZENS BLVD	
CITY-ST-ZIP	LEESBURG FL	
TITLE NAME	CD HOLLOMAN, HARRY H	<input type="checkbox"/> Delete
STREET ADDRESS	103 N LEE STREET	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE NAME	S CORBIN, IVAN	<input type="checkbox"/> Delete
STREET ADDRESS	103 NORTH LEE STREET	
CITY-ST-ZIP	LEESBURG FL 34748	

TITLE NAME	D Edwards, Steve	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	470 SW 63rd St. Rd.	
CITY-ST-ZIP	Ocala, FL 34474	
TITLE NAME	D Jones, Dan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1839 NE Eighth Street	
CITY-ST-ZIP	Ocala, FL 34470	
TITLE NAME	D Reeder, Ernestine	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 1321	
CITY-ST-ZIP	Crystal River, FL 34423	
TITLE NAME	D Baggs, Brian	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2125 E. Norvell Bryant Hwy.	
CITY-ST-ZIP	Hernando, FL 34442	
TITLE NAME	D Knowles, Steve	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1212 S. Seventh St.	
CITY-ST-ZIP	Leesburg, FL 34748	
TITLE NAME	D Lane, Barry	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1005 W. Main Street	
CITY-ST-ZIP	Leesburg, FL 34748	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 7, 2002

Date

352-787-1643

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

Attachment

D
Berry, Beverley
2414 SE 20th Circle
Ocala, FL 34471

xAddition

#182365