

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04691

1. Entity Name

VILLAS WESLEYAN CHURCH, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90007 044 ****61.25

Principal Place of Business
C/O WALTER E. MCKEE, JR.
8400 BEACON BLVD.
FT. MYERS FL 33907

Mailing Address
C/O WALTER E. MCKEE, JR.
8400 BEACON BLVD.
FT. MYERS FL 33907-3028



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1901803**
Applied For
Not Applicable

Zip Country Zip Country

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

MCKEE, WALTER E., JR.
8400 BEACON BLVD..
FT. MYERS FL 33907

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	PD	<input type="checkbox"/> Delete
NAME	MCKEE, WALTER E., JR.	
STREET ADDRESS	8400 BEACON BLVD.	
CITY-ST-ZIP	FT.MYERS FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DADDS, PRISCILLA	
STREET ADDRESS	1907 RICARDO AVE	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LANDBO, EVELYN	
STREET ADDRESS	2318 KENT AVE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOSWELL, DAVID	
STREET ADDRESS	1458 PINEY RD	
CITY-ST-ZIP	N FT MYERS FL 33903	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOWKER, DAN	
STREET ADDRESS	2118 NE 20 AVE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DESOUZA, LUTHER	
STREET ADDRESS	203 HENRY AVE	
CITY-ST-ZIP	LEHIGH ACRES FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Preston, Lois	
STREET ADDRESS	16295 Davis Rd	
CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McKee, Brian	
STREET ADDRESS	12944 Second St	
CITY-ST-ZIP	Fort Myers, FL 33905	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Walter E. McKee, Jr 2-11-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)