

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32781

1. Entity Name

GOOD SHEPHERD UNITED METHODIST CHURCH OF LAKE PL

Principal Place of Business

Mailing Address

424 C.R. 29  
LAKE PLACID FL 33852-7087

424 C.R. 29  
LAKE PLACID FL 33852

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

65-0596752

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

HOWELL, ROBERT E  
3037 JACARANDA AVE.  
LAKE PLACID FL 33852

Name **QUIÑONES, PEDRO**

Street Address (P.O. Box Number is Not Acceptable)

**221 TEMPTATION CT.**

City **LAKE PLACID, FL**

**FL**

Zip Code

**33852**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOWELL, ROBERT	
STREET ADDRESS	3037 JACARANDA AVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RAMOS, ENRIQUE	
STREET ADDRESS	235 SWEETHEART AVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RAMOS, ROSA	
STREET ADDRESS	235 SWEETHEART AVE	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	VIERA, MARTHA	
STREET ADDRESS	102-LIQUAT RD, NW	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DE ARCE, EUGEO	
STREET ADDRESS	240 RHAPSODY AVE.	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	HOWELL, ROBERT	
STREET ADDRESS	3037 JACARANDA AVE.	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Delete
NAME	QUIÑONES, PEDRO	
STREET ADDRESS	221 TEMPTATION CT.	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Delete
NAME	LOPEZ, VICTOR	
STREET ADDRESS	1717 FOURTH ST.	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Delete
NAME	DE ARCE, DEDORAH	
STREET ADDRESS	223 SWEETHEART AVE.	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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: *Victor Lopez* **VICTOR M. LOPEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/00

(863) 382-2141

Date

Daytime Phone #

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90041 004 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE