

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90217 038 \*\*\*\*61.25

**DOCUMENT # N34526**

1. Entity Name

**THE CLEARWATER-LARGO FREE METHODIST CHURCH, INC.**

Principal Place of Business

Mailing Address

CLEARWATER-LARGO FREE METHODIST CHURCH  
380 FULTON DR. SE  
LARGO FL 33771  
US

CLEARWATER-LARGO FREE METHODIST CHURCH  
380 FULTON DR. SE  
LARGO FL 33771  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2013162**

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

**McLaren, Rev. Rob C.**  
**SHENKER, REV GRANT**  
380 FULTON DR., SE  
LARGO FL 33771

Name **Rev. Rob C. McLaren**

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

**380 Fulton Dr. SE**

City

**Largo**

FL

Zip Code

**33771**

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

**Rev. Rob C. McLaren** **Rev Rob C McLaren** **Jan 14, 2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

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 **D** ☐ Delete  
NAME **RICE, GARY**  
STREET ADDRESS **6361 N 103 AVE**  
CITY-ST-ZIP **PINELLAS PARK FL**

TITLE **D** ☐ Change ☒ Addition  
NAME **Dunn, Larry**  
STREET ADDRESS **272 Royal Palms Dr. S**  
CITY-ST-ZIP **Largo, FL 33771**

TITLE **D** ☒ Delete  
NAME **ABRAM, JAMES L**  
STREET ADDRESS **9730 PARKWOOD CT**  
CITY-ST-ZIP **SEMINOLE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PD** ☐ Delete  
NAME **STRYKER, CAMERON**  
STREET ADDRESS **2330 INDIGO DR**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☒ Delete  
NAME **VANNOTE, PAUL L**  
STREET ADDRESS **995 LAKEVIEW DRIVE**  
CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **BROWN, ROBERT**  
STREET ADDRESS **2145 ALICIA DR #3**  
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **HAUSSY, JOHN**  
STREET ADDRESS **2942 DREW ST., #1516**  
CITY-ST-ZIP **CLEARWATER FL 33759**

TITLE ☐ Change ☐ 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:

**John G. Haussy** **John G. Haussy**

**2/14/01**

**727 524 6369**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)