

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36314

1. Entity Name

UNITED METHODIST MEN OF GULF COVE, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90034 049 ****61.25

Principal Place of Business

Mailing Address

1100 MCCALL RD
PT CHARLOTTE FL 33981
US

1100 MCCALL RD
PT CHARLOTTE FL 33981-2538
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

65-0256388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TENDAM, HAROLD
9372 ARNAZ CIR.
PT CHARLOTTE FL 33981

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]

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
TENDAM, HAROLD
9372 ARNAZ CIRCLE
PT CHARLOTTE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
BEERS, MALCOM
6366 CONISTON STREET
PORT CHARLOTTE FL

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

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ROBERTS, FRED E
572 ROTONDA CIR
ROTONDA WEST FL 33947

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ELBERT MOULTON
477 ROTONDA CIRCLE
ROTONDA WEST, FL 33947

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DAT
PETERS, RICHARD
12366 QUINLAN AVE
PT CHARLOTTE FL 33981

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

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
MOULTON, ELBERT
477 ROTONDA CIR
ROTONDA WEST FL 33947

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
JOHNSON, EUGENE
3737 EL JOBERN RD
PORT CHARLOTTE FL 33953

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-48-00 941 692 3563

Date Daytime Phone #

CR2E037 (9/99)