

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36314

1. Entity Name

UNITED METHODIST MEN OF GULF COVE, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90181 044 ****61.25

Principal Place of Business

1100 MCCALL RD
PT CHARLOTTE FL 33981
US

Mailing Address

1100 MCCALL RD
PT CHARLOTTE FL 33981
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

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DT	TENDAM, HAROLD	9372 ARNAZ CIRCLE	PT CHARLOTTE FL	<input type="checkbox"/>
DS	DUNHAM, HERBERT	4804 BATCHELOR AVE	NORTH PORT FL 34287	<input checked="" type="checkbox"/>
P	SHROUT, RIP	14444 NEWCOMB RD	PORT CHARLOTTE FL 33953	<input type="checkbox"/>
DAT	PETERS, RICHARD	12366 QUINLAN AVE	PT CHARLOTTE FL 33981	<input type="checkbox"/>
DV	JOHNSON, EUGENE	3737 EL JOBERN RD	PORT CHARLOTTE FL 33953	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
SECRETARY	RANDALL MOORE	5584 G/L07 BLVD.	PORT CHARLOTTE, FL 33981	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Harold Tendam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-02

CR2E037 (9/01)