

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39517

1. Entity Name

ST. JOHN'S UNITED METHODIST CHURCH OF TAMPA, INC

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90005 022 ****61.25

Principal Place of Business

5120 MENDENHALL DRIVE
TAMPA FL 33603

Mailing Address

5120 MENDENHALL DRIVE
TAMPA FL 33603-1511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1196850

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

GARY, BEAM N REV
5120 MENDENHALL DR
TAMPA FL 33603

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	TR	<input type="checkbox"/> Delete
NAME	ROBERTY, HUGO N	
STREET ADDRESS	2123 FARWELL DRIVE	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	TR	<input type="checkbox"/> Delete
NAME	CAMPBELL, EDWARD	
STREET ADDRESS	1708 ERNA DRIVE	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	TR	<input type="checkbox"/> Delete
NAME	PETERMAN, JANET	
STREET ADDRESS	1705 W COMACHE AVE	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	TR	<input type="checkbox"/> Delete
NAME	BURCHAM, KAREN	
STREET ADDRESS	3309 W OSBORNE AVE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	T	<input type="checkbox"/> Delete
NAME	AUSTIN, MARCIA	
STREET ADDRESS	4812 MENDENHALL DR	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	TR	<input type="checkbox"/> Delete
NAME	PARRA, JOSEPH	
STREET ADDRESS	1021 BLANN DR	
CITY-ST-ZIP	TAMPA FL 33603	

TITLE	TRC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peterman, Janet	
STREET ADDRESS	1705 W. Comanche Ave.	
CITY-ST-ZIP	Tampa, FL 33603	
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burnham, Karen	
STREET ADDRESS	3309 W. Osborne Ave	
CITY-ST-ZIP	Tampa, FL 33614	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nettie Gates	
STREET ADDRESS	2309 W. Cluster Ave.	
CITY-ST-ZIP	Tampa, FL 33604	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norman Logston	
STREET ADDRESS	4514 W. Paris St.	
CITY-ST-ZIP	Tampa, FL 33614	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Anderson	
STREET ADDRESS	927 Beacon Ave.	
CITY-ST-ZIP	Tampa, FL 33603	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harry Owens	
STREET ADDRESS	1551 River Lane	
CITY-ST-ZIP	Tampa, FL 33603	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/03/00 (813) 876-2381

CR2E037 (9/99)