2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2000 8:00 am
Secretary of State
08-24-2000 90033 002 ****61.25

DOCUMENT # N39651

1. Entity Name

BEAR LAKE UNITED METHODIST CHURCH, INC.

Principal Place of Business	Mailing Address
1010 BEAR LAKE RD. APOPKA FL 32703	1010 BEAR LAKE RD. APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

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 59-2375256 ☐ 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
GOLDSTEIN, ART 1010 BEAR LAKE ROAD APOPKA FL 32703	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
After September 13, 2000 min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GOLDSTEIN, ART 845 MILLRACE PT ALTAMONTE SPRINGS FL 32750	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GEO SIDDEN 3519 JAMISON DR APOPKA FL 32703	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT STUART, DAVID 2717 CANTER CLUB TRAIL APOPKA FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CLAUDE ROSE 5351 HILLOCK WAY ORLANDO, FL 32810	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS AIKEN, VERONICA 480 TIMBERWOLF TRAIL APOPKA FL 32712	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VONCILLE CHILDERS 2810 SUNSET RD APOPKA FL 32703	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HIPP, WAYNE 218 CAMBRIDGE DR LONGWOOD FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DONNA HEBNER 551 MICHIGAN AVE ALTAMONTE SP FL 32714	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROOKOVER ELLA 418 SAN SEBASTIAN PRADO ALTAMONTE SPRINGS FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KEITH RIMMER 207 LAKE JEAN DR LONGWOOD FL 32779	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/00)

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 REQUIRED 8/7/00 407-774-2663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #