

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**  
 03-20-2000 90119 040 \*\*\*\*61.25

**DOCUMENT # N93000001978**

1. Entity Name

**GRACE UNITED METHODIST CHURCH OF GAINESVILLE, IN**

Principal Place of Business

Mailing Address

9325 W. NEWBERRY RD.  
 GAINESVILLE FL 32606-5547

9325 W. NEWBERRY RD.  
 GAINESVILLE FL 32606-5547

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2259563**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SARLES, ROBERT A**  
**9323 S.W. 8TH AVE.**  
**GAINESVILLE FL 32607**

Name

*Ronald Bailey*

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

~~9325 W. Newberry Rd.~~ **9325 W. Newberry Rd.**

City

*Gainesville*

FL

Zip Code

*32606*

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

*Ronald Bailey* **Ronald Bailey**

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

(NOTE: Registered Agent signature required when reinstating)

*3/8/00*

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: **OTRC**  
 NAME: **HUMPHRIES, MARK**  
 STREET ADDRESS: **3216 SW 75TH ST**  
 CITY-ST-ZIP: **GAINESVILLE FL 32607**

Delete

TITLE: **PDC**  
 NAME: **JAMES MEYERS**  
 STREET ADDRESS: **9325 West Newberry Rd.**  
 CITY-ST-ZIP: **GAINESVILLE, FL 32606**

Change

Addition

TITLE: **D**  
 NAME: **SARLES, ROBERT A**  
 STREET ADDRESS: **9323 SW 8TH AVE**  
 CITY-ST-ZIP: **GAINESVILLE FL 32607**

Delete

TITLE: **DTC**  
 NAME: **Ronald Bailey**  
 STREET ADDRESS: **9325 W. Newberry Rd.**  
 CITY-ST-ZIP: **GAINESVILLE, FL 32606**

Change

Addition

TITLE: **DTRV**  
 NAME: **LINDSAY, SONYA**  
 STREET ADDRESS: **1922 NW 133RD TERR**  
 CITY-ST-ZIP: **GAINESVILLE FL 32606**

Delete

TITLE: **DC**  
 NAME: **HARVE FARBIE**  
 STREET ADDRESS: **9325 W. Newberry Rd.**  
 CITY-ST-ZIP: **GAINESVILLE, FL 32606**

Change

Addition

TITLE: **T**  
 NAME: **BROWN, BILL**  
 STREET ADDRESS: **901 NW 94TH ST**  
 CITY-ST-ZIP: **GAINESVILLE FL 32606**

Delete

TITLE: **DC**  
 NAME: **DON ATHEARN**  
 STREET ADDRESS: **9325 W. Newberry Rd.**  
 CITY-ST-ZIP: **GAINESVILLE, FL 32606**

Change

Addition

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Delete

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

TITLE:   
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:   
 Delete

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

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:

*Ronald Bailey* **Ronald Bailey**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

*3/8/00*

Daytime Phone #

*(852) 392-5977*

CR2E037 (9/99)