

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004365

1. Entity Name

MICANOPY UNITED METHODIST CHURCH, INC.

Principal Place of Business

201 NW 2ND AVE.
MICANOPY FL 32667
US

Mailing Address

P. O. BOX 273
MICANOPY FL 32667
US

2. Principal Place of Business

201 NW 2nd Ave

3. Mailing Address

P.O. Box 273

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Micanopy, FL

City & State

Micanopy, FL

Zip

32667

Country

USA

Zip

32667

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GEIGER, JAMES
22215 NW 106TH CT.
RT. 1, BOX 438
MICANOPY FL 32667

7. Name and Address of New Registered Agent

Name

Same James Geiger

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

22215 NW 106th

RT 1 Box 438

City

Micanopy

FL

Zip Code
32667

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 James Geiger James Geiger

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

(NOTE: Registered Agent signature required when reinstating)

1/16/02
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	D MOUNTAIN, NOLA 302 NW SEMINARY AVE, PO 233 MICANOPY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEIGER, JAMES ROUTE 1, BOX 438 MICANOPY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWER, JOHN ROUTE 1, BOX 249 MICANOPY FL 32667	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHARP-SLEAN, JANIS RT 2 BOX 549B MICANOPY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

James Geiger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/02 (352) 466-3905

Date Daytime Phone #

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90118 004 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)