

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003161

1. Entity Name

WELLSPRING UNITED METHODIST CHURCH, INC.

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90221 019 ****61.25

Principal Place of Business

10701 SHELDON RD
TAMPA FL 33626

Mailing Address

10701 SHELDON RD
TAMPA FL 33626

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

59-3250682

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPILATO, JOHN P
6022 LEMON TREE CT
TAMPA FL 33625

7. Name and Address of New Registered Agent

Name

JAMES O. RENAULT

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

9307 ROCKPORT PL

City

TAMPA

FL

Zip Code

33626

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 D ☐ Delete
NAME THORINGTON, JOHN
STREET ADDRESS 10117 BENNINGTON DR
CITY-ST-ZIP TAMPA FL 33626

TITLE D ☐ Delete
NAME LOPILATO, JOHN P
STREET ADDRESS 6022 LEMON TREE CT
CITY-ST-ZIP TAMPA FL 33625

TITLE D ☒ Delete
NAME JONES, GREG
STREET ADDRESS 8911 HANNIGAN CT
CITY-ST-ZIP TAMPA FL 33626

TITLE D ☐ Delete
NAME GLAVIN, FRANK
STREET ADDRESS 13523 IRONTON DRIVE
CITY-ST-ZIP TAMPA FL

TITLE D ☐ Delete
NAME LUE, DERRICK
STREET ADDRESS 13313 KRAMERIA WAY
CITY-ST-ZIP TAMPA FL

TITLE PD ☐ Delete
NAME RENAULT, JAMES
STREET ADDRESS 9307 ROCKPORT PLACE
CITY-ST-ZIP TAMPA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE DIRECTOR ☒ Change ☐ Addition
NAME TOM JONES
STREET ADDRESS 4508 VIEWRIDGE WAY
CITY-ST-ZIP TAMPA, FL 33624

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

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

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

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 #

CR2E037 (10/00)