

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90247 036 \*\*\*\*61.25

**DOCUMENT # N94000005630**

1. Entity Name

**THE DISTRICT BOARD OF TRUSTEES OF THE TAMPA DISTRICT OF THE UNITED METHODIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**5030 EAST BUSCH BLVD.  
 TAMPA FL 33617**

**5030 EAST BUSCH BLVD.  
 TAMPA FL 33617**

02016



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1683444**

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

**BRAZELTON, DAVID L  
 5030 E BUSCH BLVD  
 TAMPA FL 33617**

Name **BLOMQUIST, ALBERT G**

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

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

*Albert G. Blomquist*

**1-25-02**

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	<input checked="" type="checkbox"/> Delete
NAME	<b>RENAULT, JIM</b>
STREET ADDRESS	<b>1071 SHELDAR RD.</b>
CITY-ST-ZIP	<b>TAMPA FL 33626</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>DV BUELL, MARK</b>
STREET ADDRESS	<b>401 E. JACKSON ST.</b>
CITY-ST-ZIP	<b>TAMPA FL 33602</b>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>DST SCOTT, RHONIE JR.</b>
STREET ADDRESS	<b>1905 TAYLOR ROAD</b>
CITY-ST-ZIP	<b>SEFFNER FL 33584</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>T PERRIN, CAROL</b>
STREET ADDRESS	<b>5030 E. BUSCH BLVD.</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>FORSTER,</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OP PORTER, PHYLLIS</b>
STREET ADDRESS	<b>14906 Wedgewood PL</b>
CITY-ST-ZIP	<b>TAMPA, FL 33613</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Carol Perrin*

**1/28/02 813-988-2408**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)