

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000644

1. Entity Name

RAINBOW LAKES UNITED METHODIST CHURCH INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90172 046 ****61.25

00004655



DO NOT WRITE IN THIS SPACE

Principal Place of Business 19656 SW BEACH BLVD. DUNNELLO FL 34431		Mailing Address 19656 SW BEACH BLVD. DUNNELLO FL 34431-4414	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2156231	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BUSH, ROBERT
20600 SW 93RD LANE RD
DUNNELLO FL 34431

7. Name and Address of New Registered Agent

Name: Jack McDaniel
Street Address (P.O. Box Number is Not Acceptable): 19731 SW 88th Place
City: Dunnellon, FL Zip Code: 34432

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]* 1-13-00
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 NAME STREET ADDRESS CITY-ST-ZIP	T COLLINS, ELIZABETH R 5641 SW 167TH AVE OCALA FL 34481 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCDANIEL, JACK 19731 SW 88TH PL DUNNELLO FL 34432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDaniel, Jack 19731 SW 88th Place Dunnellon, Fl. 34432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOWREY, CHARLES A 10775 SW 186TH CIR DUNNELLO FL 34432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSH, ROBERT C 20600 SW 93RD LANE RD DUNNELLO FL 34430 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Robert C. Bush 20600 SW 93rd Lane Rd. Dunnellon, Fl. 34430 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 67, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack McDaniel
1-13-00 352-489-6351
Date Daytime Phone #

CR2E037 (9/99)