

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004360

1. Entity Name

FLEMING ISLAND UNITED METHODIST CHURCH, INC.

R

Principal Place of Business

7170 U.S. 17 SOUTH  
GREEN COVE SPRINGS FL 32043

Mailing Address

7170 U.S. 17 SOUTH  
GREEN COVE SPRINGS FL 32043

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

59-3298525

Applied For

Not Applicable

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

GRIMES, JOHN A  
1935 CALUSA TRL  
MIDDLEBURG FL 32068-4218

Name

Leisa Ashline

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

2359 Lavista Lane

City

Orange Park

FL

Zip Code

32073

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

*Leisa Ashline*

8/26/00

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

After September 13, 2000 min. will be \$236.25

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	TR	<input checked="" type="checkbox"/> Delete
NAME	GRIMES, JOHN A	
STREET ADDRESS	1935 CALUSSA TRL	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTIN, JANICE L	
STREET ADDRESS	2331 EAGLE HARBOR PKWY	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	MAE M. BYERS	
STREET ADDRESS	185 OAK DR. S.	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	SHIPLEY, BERT S	
STREET ADDRESS	495 BAYBROOK DR	
CITY-ST-ZIP	ORANGE PARK FL 32073-7771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ashline, Leisa	
STREET ADDRESS	2359 Lavista Lane	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David OWEN	
STREET ADDRESS	297 Crookedridge Court	
CITY-ST-ZIP	Orange Park, FL 32065	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jackson, Bobbie	
STREET ADDRESS	303 Wesley Road	
CITY-ST-ZIP	Green Cove Springs, FL 32043	
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		

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 OF SIGNING OFFICER OR DIRECTOR*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Sep 05, 2000 8:00 am  
Secretary of State

09-05-2000 90028 034 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)