2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004891

FILED Jan 19, 2001 8:00 am Secretary of State

1. Entity Name COCONUT GROVE UNITED METHODIST CHURCH, INC.				retary 0 9-2001 90043 03			
Principal Place of Business 2850 S.W. 27TH AVENUE COCONUT GROVE FL 33133	Mailing Address 2850 S.W. 27TH AVENUE COCONUT, GROVE FL 33133		_ 	Λυυ	υ <u>(</u> .ὐ ο ο		
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN	I THIS SPACE		
City & State	City & State	tate		65-0612742	∕1 ——	pplied For ot Applicable	
Zip	~ Zip	Country	5. Certificate of	Status Desired	\$8.75 Add Fee Require		
Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
		Name	Name				
BUSCHBAUM, PETER A 3094 OHIO ST		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
COCONUT GROVE FL 33133							
		City	City FL Zip Code				
8. The above named entity submits this statement	for the purpose of changing its	registered office or regis	stered agent, or both,	in the state of Florida	•		
SIGNATURE	nt and title if applicable. (NOTE	: Registered Agent signature requ	uired when reinstating)		DATE		
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FILE NOW: FEE IS \$61.25	9. Election Campaign Trust Fund Contribu	·	5.00 May Be ded to Fees	Make Ci Depart	neck Payable to tment of State		
	Trust Fund Contribu	·	ded to Fees ADDITIONS/CHAN	Depart	tment of State	1	
10. OFFICERS AND D	Trust Fund Contribu	ution.	ded to Fees ADDITIONS/CHAN	Depart	tment of State	10	
TITLE DV NAME KNOAF, GREG	Trust Fund Contribu	11.	ADDITIONS/CHAN	Depart	tment of State ND DIRECTORS IN Change	10	
TITLE DV KNIJAF, GREG STREET ADDRESS 816 N 87TH AVE	Trust Fund Contribu	TITLE NAME STREET ADDRESS	ADDITIONS/CHAN Jennife 2568 Lin	Depart GES TO OFFICERS A Rila Vooln Ava	tment of State ND DIRECTORS IN Change	10	
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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 truetee embewered to explicit his 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 fixe employeed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #