

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2002 8:00 am
Secretary of State

08-21-2002 90084 013 ****61.25

DOCUMENT # N95000004891

1. Entity Name

COCONUT GROVE UNITED METHODIST CHURCH, INC.

Principal Place of Business

2850 S.W. 27TH AVENUE
 COCONUT GROVE FL 33133

Mailing Address

2850 S.W. 27TH AVENUE
 COCONUT GROVE FL 33133

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0612742

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

BUSCHBAUM, PETER A
3094 OHIO ST
COCONUT GROVE FL 33133

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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 **DV** ☐ Delete
 NAME **KILA, JENNIFER**
 STREET ADDRESS **2567 LINCOLN AVE**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **D** ☐ Change ☒ Addition
 NAME **Clarke Campbell-Evans**
 STREET ADDRESS **2850 SW 27th Ave.**
 CITY-ST-ZIP **Miami, FL 33133**

TITLE **S** ☐ Delete
 NAME **COOKE, GLORIA**
 STREET ADDRESS **2121 NORTH BAYSHORE DR**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete
 NAME **SHERWOOD, JOHN**
 STREET ADDRESS **3841 CRAWFORD AVE**
 CITY-ST-ZIP **MIAMI FL 33137**

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

TITLE **DP** ☐ Delete
 NAME **BUSCHBAUM, PETER A**
 STREET ADDRESS **3094 OHIO ST**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

Clarke Campbell-Evans

8/13/02

305-445-9136

CR2E037 (4/02)