

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90050 003 ****61.25

DOCUMENT # N96000002188

1. Entity Name

SUN CITY CENTER UNITED METHODIST CHURCH SAMARITA

Principal Place of Business

Mailing Address

**1210 DEL WEBB
 SUN CITY CENTER FL 33573**

**1010 AMERICAN EAGLE BLVD #402
 SUN CITY CENTER FL 33573-5276**

B0029049



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

59-3377071

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

Name

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

City

FL

Zip Code

**NYMARK, DENNIS V
 110 S. PEBBLE BEACH BLVD.
 SUN CITY CENTER FL 33573**

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, 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	BARTLEY, HAROLD W	
STREET ADDRESS	1210 DEL WEBB	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPRAGUE, ASA	
STREET ADDRESS	1210 DEL WEBB	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WOOD, LEE	
STREET ADDRESS	1210 DEL WEBB	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MOREFIELD, CLARENCE	
STREET ADDRESS	1210 DEL WEBB	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARTLEY, BEATRICE	
STREET ADDRESS	1210 DEL WEBB	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, AARON	
STREET ADDRESS	2244 GRENADIER DR	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thompson, Ann	
STREET ADDRESS	1210 Del Webb	
CITY-ST-ZIP	Sun City Center, Fl. 33573	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dowell, James	
STREET ADDRESS	1210 Del Webb	
CITY-ST-ZIP	Sun City Center, Fl. 33573	
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		
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 BARTLEY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-00

813-633-1217

Date

Daytime Phone #

CR2E037 (9/99)