

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002858

1. Entity Name

HILLIARD UNITED METHODIST CHURCH, INC.

Principal Place of Business

8068 W. 2ND ST.
HILLIARD FL 32046
US

Mailing Address

P.O. BOX 218
HILLIARD FL 32046-0218

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

59-2145706

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEEFE, JACK
RT 3 BOX 6091
HILLIARD FL 32046

7. Name and Address of New Registered Agent

Name

JACK KEEFE

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

RT. 3 Box 6091

City

HILLIARD

FL

Zip Code

32046

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

Jack Keefe

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

(NOTE: Registered Agent signature required when reinstating)

1/15/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
BURNHAM, ETTA FAYE
PO BOX 757
HILLIARD FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
SMITH, MARY
US 1 NORTH
HILLIARD FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTR
KEEFE, JACK
RTE. 3, BOX 6091
HILLIARD FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
VANZANT, KEVIN
RTE. 4, BOX 7218
HILLIARD FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
WILLIAM H. "SAMMY" JOHNSON
111 CYPRESS ST.
HILLIARD FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
SUE HILL
2184 LITTLE MAGNOLIA CT.
HILLIARD FL ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
Mary Jo Keefe
Rt. 3 Box 6091
Hilliard, FL, 32046 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
Catherine Vanzant
Rt. 4 Box 7218
Hilliard, FL, 32046 ☐ Change ☒ Addition

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

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

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

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

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:

Jack Keefe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/00 (904) 845-1175

CR2E037 (9/99)