

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006631

1. Entity Name

VENUS UNITED METHODIST CHURCH, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90124 027 ****61.25

Principal Place of Business

Mailing Address

962 CR 731
VENUS FL 33960

962 CR 731
VENUS FL 33960-2115

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

59-1835239

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

BIRGE, SYLVIA
1367 C.R. 731
VENUS FL 33960

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.

SIGNATURE

Sylvia Birge *Sylvia Birge*

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

(NOTE: Registered Agent signature required when reinstating)

4-17-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	CLARK, DANIEL GENE	
STREET ADDRESS	210 QUAIL RUN	
CITY-ST-ZIP	VENUS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BIRGE, WALLACE	
STREET ADDRESS	1367 C.R. 731	
CITY-ST-ZIP	VENUS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LOTT, CLARICE	
STREET ADDRESS	62 RANCH HOUSE RD	
CITY-ST-ZIP	VENUS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Sylvia Birge **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

863-465-6365

Daytime Phone #

CF2E037 (9/99)