

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 07, 2000 8:00 am  
Secretary of State

07-07-2000 90396 042 \*\*\*\*61.25

DOCUMENT # N97000002281

1. Entity Name

CANAL POINT UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

37050 2ND STREET  
CANAL POINT FL 33438

P.O. BOX 326  
CANAL POINT FL 33438-0326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2361524

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

SEARS, WAYNE

~~100 2ND ST.~~

CANAL POINT FL 33438

Name

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

37030 2<sup>nd</sup> STREET

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME MAXWELL, ROBERT  
STREET ADDRESS ~~152 EVERGLADES AVE.~~  
CITY-ST-ZIP CANAL POINT FL 33438

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 12660 EVERGLADES AVE  
CITY-ST-ZIP

TITLE DS ☐ Delete  
NAME WAGNER, DENNIS E  
STREET ADDRESS ~~106 3RD ST.~~  
CITY-ST-ZIP CANAL POINT FL 33438

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 37028 3<sup>rd</sup> STREET  
CITY-ST-ZIP

TITLE DT ☐ Delete  
NAME BLACKWELL, EUSTIS  
STREET ADDRESS ~~P O BOX 306 N/A~~  
CITY-ST-ZIP CANAL POINT FL 33438

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 37030 3<sup>rd</sup> STREET  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME SEARS, WAYNE  
STREET ADDRESS ~~112 2ND ST.~~  
CITY-ST-ZIP CANAL POINT FL 33438

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 37030 2<sup>nd</sup> STREET  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME ADAMS, FRANCES E  
STREET ADDRESS 1616 E. MAIN ST.  
CITY-ST-ZIP PAHOKEE FL 33476

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THOMAS WAYNE SEARS

29 June 2000

561-924-2000