

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003204

1. Entity Name

FIRST UNITED METHODIST PRE-SCHOOL, INC.

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

02-01-2000 90048 008 ****61.25

Principal Place of Business

1500 SOUTH KANNER HIGHWAY
STUART FL 34996

Mailing Address

P.O. BOX 539
STUART FL 34996-0539

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0714099

Applied For

Not Applied

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

MCGUIRE, MARY C
1500 SOUTH KANNER HIGHWAY
STUART FL 34996

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

Mary C. McGuire

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 VP
NAME HOPPER, TINA
STREET ADDRESS 3531 SW DKUBIN AVE
CITY-ST-ZIP STUART FL 34997 ☒ Delete

TITLE VP
NAME JEFF MEIR
STREET ADDRESS 236 VILLAGE BLVD. APT. 1211
CITY-ST-ZIP TEQUESTA, FL 33469 ☐ Change ☒ Addition

TITLE S
NAME RIEGELSBERGER, JENNIFER
STREET ADDRESS 2047 S W DANFORTH CIRCLE
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

TITLE D
NAME KRISTINA SILLS
STREET ADDRESS 1155 SE GLENWOOD DR. #4
CITY-ST-ZIP STUART, FL 34994 ☐ Change ☒ Addition

TITLE T
NAME TRAISTER, RICHARD
STREET ADDRESS 1421 SW VIZCAYA CR
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

TITLE D
NAME DEBBIE SPAHN
STREET ADDRESS 5675 SW MAPP RD.
CITY-ST-ZIP PALM CITY, FL 34990 ☐ Change ☒ Addition

TITLE D
NAME BLOUNT, DEE
STREET ADDRESS 1360 SANDPIPER LN
CITY-ST-ZIP STUART FL 34996 ☐ Delete

TITLE D
NAME MARK MAC DONALD
STREET ADDRESS 10 CENTRAL PARKWAY SUITE 130
CITY-ST-ZIP STUART, FL 34994-5903 ☐ Change ☒ Addition

TITLE D
NAME HAWKEN, MARY SUE
STREET ADDRESS 916 N.E. BANYAN TREE
CITY-ST-ZIP JENSEN BEACH FL 34957 ☒ Delete

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

TITLE P
NAME DALY, FRANK
STREET ADDRESS 5547 SW CORAL TREE LANE
CITY-ST-ZIP PALM CITY FL 34990-8535 ☐ Delete

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: *DEE BLOUNT*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-00

Date

(561) 287-6262

Daytime Phone #