

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003204

1. Entity Name

FIRST UNITED METHODIST PRE-SCHOOL, INC.

Principal Place of Business

1500 SOUTH KANNER HIGHWAY
STUART FL 34996

Mailing Address

P.O. BOX 539
STUART FL 34996

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0714099

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MCGUIRE, MARY C
1500 SOUTH KANNER HIGHWAY
STUART FL 34996

7. Name and Address of New Registered Agent

Name

Farrow, Sue

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

1500 South Kanner Highway

City

Stuart

FL

Zip Code

34994

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

Sue Farrow

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/01

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	D SPAHN, DEBBIE 5675 SW NAPP RD PALM CITY FL 34990	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIEGELSBERGER, JENNIFER 2047 S W DANFORTH CIRCLE PALM CITY FL 34990	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRAISTER, RICHARD 1421 SW VIZCAYA CR PALM CITY FL 34990	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOUNT, DEE 1360 SANDPIPER LN STUART FL 34996	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONALD, MARK MAC 10 CENTRAL PKWY STE 130 STUART FL 34994	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DALY, FRANK 5547 SW CORAL TREE LANE PALM CITY FL 34990-8535	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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)(j), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/22/01

Daytime Phone #

561 287-6262

CR2E037 (10/00)