

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90030 050 ****61.25

DOCUMENT # N97000003204

1. Entity Name

FIRST UNITED METHODIST PRE-SCHOOL, INC.

Principal Place of Business

Mailing Address

**1500 SOUTH KANNER HIGHWAY
STUART FL 34996**

**P.O. BOX 539
STUART FL 34996**

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

65-0714099

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

**FARROW, SUE
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

Sue Farrow

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 ☐ Delete
NAME **D SPAHN, DEBBIE**
STREET ADDRESS **5675 SW NAPP RD**
CITY-ST-ZIP **PALM CITY FL 34990**

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME **D DONALD, MARK MAC**
STREET ADDRESS **10 CENTRAL PKWY STE 130**
CITY-ST-ZIP **STUART FL 34994**

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

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

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: DEE BLOUNT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)