

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002399

1. Entity Name

LAKE MAGDALENE UNITED METHODIST CHURCH, INC. FOU

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90036 008 ****61.25

Principal Place of Business

Mailing Address

2902 W FLETCHER AVE
TAMPA FL 33618

2902 W FLETCHER AVE
TAMPA FL 33618-3261

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3553574

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

SUNDERLAND, JAMES
2902 W FLETCHER AVE
TAMPA FL 33618

Name

Street Address (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

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 GROVE, STEVEN W
STREET ADDRESS 9610 DUNSCROFT LANE
CITY-ST-ZIP TAMPA FL 33626

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

TITLE D ☒ Delete
NAME EURICH, MICHAEL
STREET ADDRESS 6807 MITCHELL CIRCLE
CITY-ST-ZIP TAMPA FL 33634

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

TITLE D ☐ Delete
NAME HOBSON, THOMAS
STREET ADDRESS 3212 GRENADA WAY
CITY-ST-ZIP TAMPA FL 33618

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

TITLE D ☐ Delete
NAME MATHIAS, RICHARD
STREET ADDRESS 11716 LIPSEY RD
CITY-ST-ZIP TAMPA FL 33618

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

TITLE D ☐ Delete
NAME SICKLES, WALT
STREET ADDRESS 16613 BIENHEIM DR
CITY-ST-ZIP LUTZ FL 33549

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

TITLE D ☐ Delete
NAME HOLMES, ELAINE
STREET ADDRESS 12410 OAKLEAF AVE
CITY-ST-ZIP TAMPA FL 33647

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:

Steven W. Grove
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/24/00

727/572-1400

CR2E037 (9/99)