

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005089

1. Entity Name

GIBSONTON UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

6104 MARILLA AVE.
GIBSONTON FL 33534

6104 MARILLA AVE.
GIBSONTON FL 33534-4053

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 **59-1882970**
59-7000070

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

STEWART, FRANK S ESQUIRE
3560 N. 29TH ST.
TAMPA FL 33605

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

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
STREET ADDRESS KATO, WAYNE PASTOR
CITY-ST-ZIP 6104 MARILLA AVE.
GIBSONTON FL 33534

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

TITLE ☐ Delete
NAME DP
STREET ADDRESS CUNNINGHAM, PHIL PASTOR
CITY-ST-ZIP 6220 FLORIDA DR.
APOLLO BEACH FL 33572

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

TITLE ☐ Delete
NAME DVP
STREET ADDRESS KRAMER, JIM
CITY-ST-ZIP 7020 GRAND RAPIDS DR.
TAMPA FL 33619

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

TITLE ☐ Delete
NAME DST
STREET ADDRESS JOHNSON, ROBERT
CITY-ST-ZIP 9905 CALIFORNIA STREET
GIBSONTON FL 33534

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

TITLE ☐ Delete
NAME T
STREET ADDRESS GILHOOL, VIRGINIA
CITY-ST-ZIP 308 RIVER BAY DR.
TAMPA FL 33619

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

TITLE ☐ Delete
NAME T
STREET ADDRESS JOHNSON, MARY
CITY-ST-ZIP 9905 CALIFORNIA ST.
GIBSONTON FL 33534

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: *Robert Wayne Kato* *Robert Wayne Kato* Pastor 2-23-2000 (813) 677-3377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90076 023 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)