

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

8/2

08-29-2003 90093 037 ****61.25

DOCUMENT # N99000001633

1. Entity Name

HARVESTER UNITED METHODIST CHURCH, INC.



Principal Place of Business

**2432 COLLIER PARKWAY
LAND O' LAKES FL 34639**

Mailing Address

**2432 COLLIER PARKWAY
LAND O' LAKES FL 34639**

44005836

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3510436**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONWELL, LEWIS J
C/O RUDNICH & WOLFE
101 EAST KENNEDY BLVD., SUITE 2000
TAMPA FL 33602**

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. I am familiar with, and accept the obligations of registered agent.

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

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEABURY, LYNN 25315 BEECHWOOD DRIVE LAND O' LAKES FL 34639	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURDEWICK, JAMES 3220 FREMONT CIRCLE LAND O LAKES FL 34639	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HITCHOCK, DON 1222 PRISTINE PL LUTZ FL 33549	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENK, HAROLD JR. 1135 FOX CHAPEL DRIVE LUTZ FL 33549	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAROLEWSKI, LISA 4020 FIELDGREEN PLACE LAND O LAKES FL 34639	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- Vice-President BAGAMARY, FRANK 26216 FOAMFLOWER BLVD WESLEY CHAPEL FL 33544	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CElia Nichols 1231 Primwood Lane LUTZ FL 33549	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sherric MAUZY 4015 Marked Loop LAND O LAKES FL 34639	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Danny Dalvin 2938 Bellingham DR LAND O LAKES FL 34639	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ashlan Johnson 24814 Black Creek Court LAND O LAKES FL 34639	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Phyllis Phillips 3544 Williston Loop LAND O LAKES FL 34639	☐ Change ☒ Addition
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:

SIGNATURE REQUIRED

James R.

8/17/03

813-376-9395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)