

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90093 008 \*\*\*\*61.25

**DOCUMENT # 701989**

1. Entity Name

**DIOCESE OF CENTRAL FLORIDA, INCORPORATED**

Principal Place of Business

Mailing Address

1017 E. ROBINSON ST.  
 ORLANDO FL 32801

1017 E. ROBINSON ST.  
 ORLANDO FL 32801-2023

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6168979**

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

**BENNETT, CANON ERNEST**  
**1017 EAST ROBINSON STREET**  
**ORLANDO FL 32801**

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 **PD HOWE, JOHN W.**  
 STREET ADDRESS **5583 JESSAMINE LANE**  
 CITY-ST-ZIP **ORLANDO FL 32839**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD WOOTEN, COUNCIL JR**  
 STREET ADDRESS **236 SOUTH LUCERNE CIRCLE**  
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D BRYAN, DAVID**  
 STREET ADDRESS **2745 CANOE CREEK ROAD**  
 CITY-ST-ZIP **ST CLOUD FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D GOSS, A J**  
 STREET ADDRESS **9641 SW HIGHWAY 484**  
 CITY-ST-ZIP **OCALA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S LANG, MARILYN**  
 STREET ADDRESS **1017 EAST ROBINSON STREET**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T BAUDER, BRUCE**  
 STREET ADDRESS **202 GREENLAKE CIRCLE**  
 CITY-ST-ZIP **LONGWOOD FL**

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 exemption.

SIGNATURE:

*Ernest Bennett*  
**ERNEST BENNETT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-2000

407 423-3567

Date

Daytime Phone #