

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765311

1. Entity Name

THE EPISCOPAL RETREAT AND CONFERENCE CENTER, DIO

Principal Place of Business

DIOCESE OF CENTRAL FLORIDA, INC
1601 ALAFAYA TRAIL
OVIEDO FL 32765
US

Mailing Address

DIOCESE OF CENTRAL FLORIDA, INC
1601 ALAFAYA TRAIL
OVIEDO FL 32765-9485
US

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

59-2227052

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

MC QUEEN, PAUL D.
1601 ALFAYA TRAIL
OVIEDO FL 32765

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 PD ☒ Delete
NAME RAVNDAL, ERIC REV
STREET ADDRESS 102 WISTERIA DR
CITY-ST-ZIP LONGWOOD FL 32779

TITLE PD ☒ Change ☐ Addition
NAME Tew, Patty
STREET ADDRESS 1015 Lancaster Dr.
CITY-ST-ZIP Orlando, FL 32806

TITLE VD ☐ Delete
NAME TEW, PATTY
STREET ADDRESS 1015 LANCASTER DR
CITY-ST-ZIP ORLANDO FL 32806

TITLE VD ☐ Change ☒ Addition
NAME Salley, Steve
STREET ADDRESS PO Box 3809
CITY-ST-ZIP Orlando, FL 32802

TITLE SD ☒ Delete
NAME BAILES, CHAS
STREET ADDRESS 833 SEVILLE PL
CITY-ST-ZIP ORLANDO FL 32804

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

TITLE TD ☒ Delete
NAME LOOMIS, JIM
STREET ADDRESS 1855 GLEN COVE ROAD
CITY-ST-ZIP WINTER PARK FL 32789

TITLE TD ☐ Change ☒ Addition
NAME Martha Haynie
STREET ADDRESS 4117 Floralwood Ct.
CITY-ST-ZIP Orlando, FL 32812

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90076 013 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)