

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90072 001 \*\*\*245.00

**DOCUMENT # N93000000527**

1. Entity Name

**FLORIDA CONFERENCE OF THE UNITED CHURCH OF CHRIS**

Principal Place of Business

Mailing Address

**222 E WELBOURNE AVE  
 WINTER PARK FL  
 US**

**222 E WELBOURNE AVE  
 WINTER PARK FL 32789-4336  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**924 N. Magnolia Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**Suite 250**

City & State

City & State  
**Orlando, FL 32803**

4. FEI Number

**59-3167868**

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

**BORKO, DOUGLAS M  
 222 E WELBOURNE AVE  
 WINTER PARK FL 32789**

Name

Street Address (P.O. Box Number is Not Acceptable)

**Suite 250**

City

**FL**

Zip Code  
**32803**

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 ~~**SQUERS, SANFORD**~~  
 STREET ADDRESS ~~**3624 HOOVER LN**~~  
 CITY-ST-ZIP ~~**JACKSONVILLE FL 32211**~~

TITLE  Change  Addition  
 NAME **Cochenour, John**  
 STREET ADDRESS **PO Box 29006**  
 CITY-ST-ZIP **Port Orange, FL 32129**

TITLE **TD**  Delete  
 NAME **BIZER, PAUL**  
 STREET ADDRESS **200 24TH AVENUE**  
 CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785-3099**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME ~~**EARL, ELAINE**~~  
 STREET ADDRESS ~~**222 E WELBOURNE AVE**~~  
 CITY-ST-ZIP ~~**WINTER PARK FL 32789**~~

TITLE **SD**  Change  Addition  
 NAME **Atchison, Candy**  
 STREET ADDRESS **11828 Dunes Road**  
 CITY-ST-ZIP **Boynton Beach, FL 33436**

TITLE **M**  Delete  
 NAME **BORKO, DOUGLAS M**  
 STREET ADDRESS ~~**222 E WELBOURNE AVE**~~  
 CITY-ST-ZIP ~~**WINTER PK FL**~~

TITLE  Change  Addition  
 NAME **M. Douglas Borko**  
 STREET ADDRESS **924 N. Magnolia Avenue, Suite 250**  
 CITY-ST-ZIP **Orlando, FL 32803**

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:** *Douglas Borko* **Douglas Borko** 1/14/00 407/835-7501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)