

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90120 046 \*\*\*\*61.25

**DOCUMENT # N95000005257**

1. Entity Name

**ORLANDO VINEYARD CHRISTIAN FELLOWSHIP, INC.**

Principal Place of Business

Mailing Address

934 N MAGNOLIA AVE  
 STE 307  
 ORLANDO FL 32803  
 US

934 N MAGNOLIA AVE  
 STE 307  
 ORLANDO FL 32803-3889  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3337588**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDONALD, MICHAEL M**  
**541 TUTEN TRAIL**  
**ORLANDO FL 32828**

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          | P/D                  | <input type="checkbox"/> Delete |
| NAME           | MCDONALD, MICHAEL M. |                                 |
| STREET ADDRESS | 541 TUTEN TRAIL      |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32828     |                                 |
| TITLE          | D/T                  | <input type="checkbox"/> Delete |
| NAME           | MCDONALD, PAM        |                                 |
| STREET ADDRESS | 541 TUTEN TRAIL      |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32828     |                                 |
| TITLE          | D                    | <input type="checkbox"/> Delete |
| NAME           | MILLS, JASON         |                                 |
| STREET ADDRESS | 6000 LONG PEAK DR    |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32810     |                                 |
| TITLE          | D                    | <input type="checkbox"/> Delete |
| NAME           | LEEDY, ROBERT        |                                 |
| STREET ADDRESS | 1751 CHEYENE         |                                 |
| CITY-ST-ZIP    | MAITLAND FL 32751    |                                 |
| TITLE          | D                    | <input type="checkbox"/> Delete |
| NAME           | POLOZOLA, JOE        |                                 |
| STREET ADDRESS | 1079 CRUMPET CT      |                                 |
| CITY-ST-ZIP    | LONGWOOD FL 32779    |                                 |
| TITLE          | D                    | <input type="checkbox"/> Delete |
| NAME           | GOMEZ, GALO          |                                 |
| STREET ADDRESS | 1709 MOSELLE AVE     |                                 |
| CITY-ST-ZIP    | ORLANDO FL 32807     |                                 |

|                |                                      |  |
|----------------|--------------------------------------|--|
| TITLE          | P/D                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MCDONALD, MICHAEL M.                 |  |
| STREET ADDRESS | 541 TUTEN TRAIL                      |  |
| CITY-ST-ZIP    | ORLANDO, FL 32828                    |  |
| TITLE          | D                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MCDONALD, PAM                        |  |
| STREET ADDRESS | 541 TUTEN TRAIL                      |  |
| CITY-ST-ZIP    | ORLANDO, FL 32828                    |  |
| TITLE          | D/T                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MILLS, JASON                         |  |
| STREET ADDRESS | 6000 LONG PEAK DR                    |  |
| CITY-ST-ZIP    | ORLANDO, FL 32810                    |  |
| TITLE          | V/D                                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | LEEDY, ROBERT                        |  |
| STREET ADDRESS | 1751 CHEYENE                         |  |
| CITY-ST-ZIP    | MAITLAND, FL 32751                   |  |
| TITLE          | S                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | MULLINS, DANIEL                      |  |
| STREET ADDRESS | 934 NORTH MAGNOLIA AVENUE, SUITE 307 |  |
| CITY-ST-ZIP    | ORLANDO, FL 32803                    |  |
| TITLE          |                                      | <input type="checkbox"/> Change <input type="checkbox"/> 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:** DANIEL MULLINS, SECRETARY 1/17/2000 (407)426-0510

CR2E037 (9/99)