

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 12, 2001 08:00 AM****Secretary of State****DOCUMENT # N96000000059****1. Entity Name**

SAINT JUDE MARONITE CATHOLIC CHURCH OF ORLANDO, INC.

Principal Place of Business

6282 SANDCREST CIR

ORLANDO
328197536

FL

Mailing Address

6282 SANDCREST CIR

ORLANDO
328197536

FL

2. Principal Place of Business

6282 SANDCREST CIR

3. Mailing Address

P.O. BOX 691357

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO

FL

City & State

ORLANDO

FL

4. FEI Number**59-3355985****Applied For**

Not Applicable

Zip

328197536

Country

US

Zip

32869

Country

US

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**

JEBAILY JOSEPH J

111 NORTH ORANGE AVE

#2050

ORLANDO

32819

US

FL

7. Name and Address of New Registered Agent**Name**

JEBAILY JOSEPH J

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

111 NORTH ORANGE AVE

20TH FLOOR

City

ORLANDO

FL**Zip Code**
32801**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 **JOSEPH J. JEBAILY****04/12/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE	ATD	<input type="checkbox"/> Delete
NAME	JEBAILY JOSEPH	
STREET ADDRESS	111 NORTH ORANGE AVE., #2050	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ZINA FATHER G	
STREET ADDRESS	6282 SANDCREST CIR	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DOVEIHI STEPHEN HBISHOP	
STREET ADDRESS	294 HOWARD AVE POB 010-360	
CITY-ST-ZIP	STATEN ISLAND NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ATD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JEBAILY JOSEPH J		
STREET ADDRESS	111 NORTH ORANGE AVE., 20TH FLOOR		
CITY-ST-ZIP	ORLANDO FL 32801		
TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZINA GEORGE FATHER		
STREET ADDRESS	P.O. BOX 691357		
CITY-ST-ZIP	ORLANDO FL 32869		
TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOVEIHI STEPHEN HBISHOP		
STREET ADDRESS	294 HOWARD AVE POB 010-360		
CITY-ST-ZIP	STATEN ISLAND NY		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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)(f), 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: Joseph J. JeBailey

ATD

04/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dwelling Phone #

CR2E037 (11/00)