

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701552

1. Entity Name

FIRST UNITED CHURCH OF CHRIST OF ORLANDO, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90019 030 ****61.25

Principal Place of Business

Mailing Address

4605 CURRY FORD ROAD
ORLANDO FL 32812

4605 CURRY FORD ROAD
ORLANDO FLA 32812-2712

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

23-7450935

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

SMITH, BONNELLE H
5124 ST. MICHAEL
ORLANDO FL 32812

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 **DT** ☐ Delete
NAME **MCCLURE, RODERICK**
STREET ADDRESS **5325 CHATSWORTH CT**
CITY-ST-ZIP **ORLANDO FL**

TITLE **DV** ☐ Change ☒ Addition
NAME **JORDAN, DERICK JR.**
STREET ADDRESS **8116 WOODS WORTH DR.**
CITY-ST-ZIP **ORLANDO, FL. 32817**

TITLE **DV** ☐ Delete
NAME **SAUTER, CHARLOTTE**
STREET ADDRESS **2218 MCMAHON CT**
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **DP** ☒ Change ☐ Addition
NAME **SAUTER, CHARLOTTE**
STREET ADDRESS **5337 EMERALD ISLE**
CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE **DS** ☐ Delete
NAME **SMITH, BONNIE**
STREET ADDRESS **5124 ST MICHAEL**
CITY-ST-ZIP **ORLANDO FL**

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

TITLE **DP** ☒ Delete
NAME **SAMSON, STEVEN**
STREET ADDRESS **722 E MICHIGAN ST #110**
CITY-ST-ZIP **ORLANDO FL 32806**

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

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: *Bonnelle H. Smith* **3/8/2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **BONNELLE H. SMITH 407-222-4945** Date Daytime Phone #

CR2E037 (9/99)