

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703808

1. Entity Name

FIRST UNITED METHODIST CHURCH OF ORLANDO, INC.

Principal Place of Business

142 E JACKSON ST
ORLANDO FL 32801

Mailing Address

142 E JACKSON ST
ORLANDO FL 32801-3306

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

59-0725542

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

HALLIBURTON, JOHN H
142 E. JACKSON ST.
ORLANDO FL 32801

Name

J. MICHAEL SAUNDERS

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

142 E. JACKSON STREET

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

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	<input type="checkbox"/> Delete
NAME	NISBETT, JOE	
STREET ADDRESS	142 E. JACKSON STREET	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAYNE, DEAR	
STREET ADDRESS	142 E JACKSON ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEWELL, ALAN	
STREET ADDRESS	142 E JACKSON ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANUEL, DORIS	
STREET ADDRESS	142 E JACKSON ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEED, FRED	
STREET ADDRESS	142 E JACKSON ST.	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	STEWART, MIKE	
STREET ADDRESS	142 E JACKSON ST	
CITY-ST-ZIP	ORLANDO FL 32801	

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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEWELL, ALAN	
STREET ADDRESS	142 E Jackson Street	
CITY-ST-ZIP	Orlando, FL 32801	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE ROBERTSON	
STREET ADDRESS	142 E Jackson Street	
CITY-ST-ZIP	Orlando, FL 32801	

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

2/27/00 407-849-6080

Date

Daytime Phone #

CR2E037 (9/99)