

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709112

1. Entity Name

WESTWOOD ALLIANCE CHAPEL, INCORPORATED ✓

FILED
Jul 31, 2000 8:00 am
Secretary of State

07-31-2000 90006 041 ****61.25

Principal Place of Business

Mailing Address

6101 DENSON DR
 ORLANDO FL 32808

2905 N. POWERS DR
 ORLANDO FL 32818
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1438394

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

DUNWELL, JON N.
 8633 SNOWFIRE DRIVE
 ORLANDO FL 32818

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
After September 13, 2000 min. will be \$236.25

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	<input type="checkbox"/> Delete
NAME	DUNWELL, JON N	
STREET ADDRESS	8633 SNOWFIRE DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DIXON, ANNETTE	
STREET ADDRESS	3402 VERADALE AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAKER, GLORIA	
STREET ADDRESS	978 GLENMEADOW DR	
CITY-ST-ZIP	WINTER GARDN FL 34787	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAKER, ROBERT	
STREET ADDRESS	978 GLENMEADOW DR.	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	EVANS, CLARISSA	
STREET ADDRESS	6140 SHADOW WOOD CT.	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robinson, Richard	
STREET ADDRESS	219 Flame Ave	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Retallack, Donald	
STREET ADDRESS	3045 Bridgehampton Ln	
CITY-ST-ZIP	Orlando, FL 32812	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kelly, Dale	
STREET ADDRESS	1559 Victoria Way	
CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Goff, Terri	
STREET ADDRESS	707 Gaston Foster Rd	
CITY-ST-ZIP	Orlando, FL 32807	
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: *Terri Goff* **TERRI L. GOFF**

7-17-00 (407)295-4381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 15/00