

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711135

1. Entity Name

GRACE UNITED METHODIST CHURCH OF ORLANDO, INC.

Principal Place of Business

4845 SILVER STAR RD.  
ORLANDO FL 32808  
US

Mailing Address

4845 SILVER STAR ROAD  
ORLANDO FLA 32808-4947

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

PAINTER, JOHN  
4841 PAT ANN TERR  
ORLANDO FL 32808

4. FEI Number

59-1295843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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

TITLE	P	Delete <input type="checkbox"/>
NAME	SANDEFUR, JACK	
STREET ADDRESS	5513 WESTFIELD DR	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	T	Delete <input type="checkbox"/>
NAME	PAINTER, JOHN	
STREET ADDRESS	4841 PAT ANN TERR	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	S	Delete <input type="checkbox"/>
NAME	ADAMS, LISA	
STREET ADDRESS	3921 ROBBINS AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	Delete <input type="checkbox"/>
NAME	WEAK, CONNIE	
STREET ADDRESS	2816 SHERINGHAM RD	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	Delete <input type="checkbox"/>
NAME	KLINGENSMITH, KEITH	
STREET ADDRESS	5212 VAN AKEN DR	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	Delete <input type="checkbox"/>
NAME	DANIEL, MARIANNE	
STREET ADDRESS	4678 MIRANDA CIR	
CITY-ST-ZIP	ORLANDO FL 32818	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
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TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

i2. 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 REGISTERED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-2000 279-8289

FILED  
Jan 19, 2000 8:00 am  
Secretary of State

01-19-2000 90325 017 \*\*\*\*61.25

602755



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)