

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711625

1. Entity Name

UNIVERSITY BAPTIST CHURCH, INC. OF ORLANDO

Principal Place of Business

14707 SUSSEX DR
ORLANDO FL 32826

Mailing Address

14707 SUSSEX DR
ORLANDO FL 32826-3821

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

59-8591258

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

OWENS, EARL
2706 HILDA CT
ORLANDO FL 32828

Name

DORIS KELLEY

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

3905 TANNER ROAD

City

ORLANDO

FL

Zip Code

32826

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

Doris Kelley, DORIS KELLEY Registered Agent 4-12-00

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

(NOTE: Registered Agent signature required when constituting)

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	T	<input checked="" type="checkbox"/> Delete
NAME	METZGER, SHARON	
STREET ADDRESS	4012 KING EDWARD DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	FAGONE, MICHAEL	
STREET ADDRESS	1826 ROCKHURST AVE	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	S	<input type="checkbox"/> Delete
NAME	KELLEY, DORIS	
STREET ADDRESS	3905 TANNER ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FUSSELL, TURNER L.	
STREET ADDRESS	3510 CIRQUE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	METZGER, RICHARD	
STREET ADDRESS	4012 KING EDWARD DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROL RABUN	
STREET ADDRESS	3905 TANNER ROAD N.	
CITY-ST-ZIP	ORLANDO, FL. 32826	
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID BRUNAT	
STREET ADDRESS	2952 NOTRE DAME DR.	
CITY-ST-ZIP	ORLANDO, FL. 32826	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD MCRAE	
STREET ADDRESS	12932 ODYSSEY LAKE WAY	
CITY-ST-ZIP	ORLANDO, FL. 32826	
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Phillips	
STREET ADDRESS	15120 OLD Cheney HWY	
CITY-ST-ZIP	ORLANDO, FL. 32826	

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:

Turner L. Fussell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90104 026 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)