

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711625

1. Entity Name

UNIVERSITY BAPTIST CHURCH, INC. OF ORLANDO

FILED

Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90843 049 ****70.00

Principal Place of Business

Mailing Address

14707 SUSSEX DR
ORLANDO FL 32826

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ORLANDO FL 32826

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLY, DORIS
3905 TANNER RD N
ORLANDO FL 32826

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 T ☐ Delete
NAME RABUN, CAROL
STREET ADDRESS 3905 TANNER RD N
CITY-ST-ZIP ORLANDO FL 32826

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

TITLE TR ☒ Delete
NAME BYE, DAVID
STREET ADDRESS 2302 BONNVILLE DRIVE
CITY-ST-ZIP ORLANDO FL 32826

TITLE TR ☐ Change ☒ Addition
NAME JOHN SCHROEDER
STREET ADDRESS 13827 GLASSER AVE
CITY-ST-ZIP ORLANDO, FL 32826

TITLE S ☐ Delete
NAME KELLEY, DORIS
STREET ADDRESS 3905 TANNER ROAD
CITY-ST-ZIP ORLANDO FL

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

TITLE D ☒ Delete
NAME FUSSELL, TURNER L.
STREET ADDRESS 3510 CIRQUE CIRCLE
CITY-ST-ZIP ORLANDO FL

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

TITLE TR ☐ Delete
NAME MCRAE, DONALD
STREET ADDRESS 12932 ODYSSEY LAKE WAY
CITY-ST-ZIP ORLANDO FL 32826

TITLE TR/D ☒ Change ☐ Addition
NAME DONALD MCRAE
STREET ADDRESS 12932 ODYSSEY LAKE WAY
CITY-ST-ZIP ORLANDO, FL 32826

TITLE TR ☒ Delete
NAME PHILLIPS, JIM
STREET ADDRESS 15120 OLD CHENEY HWY
CITY-ST-ZIP ORLANDO FL 32826

TITLE MITCH LANIER TR ☐ Change ☒ Addition
NAME
STREET ADDRESS 4304 IVEY GLEN
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:

Dr. Donald McRae
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-02 407-384-6004

CR2E037 (9/01)