

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-16-2002 90101 021 ****61.25

DOCUMENT # 714518

1. Entity Name

FIRST UNITARIAN CHURCH OF ORLANDO ENDOWMENT FUND, INC.

Principal Place of Business

1901 E. ROBINSON STREET
 ORLANDO FL 32803
 US

Mailing Address

1901 E. ROBINSON STREET
 ORLANDO FL 32803
 US

43203

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-6205653

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~BINNS, JUDY~~
~~701 S. HYER AVE~~
~~ORLANDO FL 32801~~

7. Name and Address of New Registered Agent

Name John A. Sanders
 Street Address (P.O. Box Number is Not Acceptable)
111 North Orange Avenue, Suite 1800
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John A. Sanders

[Signature]

9/11/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002, 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

TITLE NAME	DP LOFGREN, KEN <input type="checkbox"/> Delete
STREET ADDRESS	1791 GREEWITCH AVE
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE NAME	DV STUTZMAN, RENE <input type="checkbox"/> Delete
STREET ADDRESS	1316 GEORGIA BLVD
CITY-ST-ZIP	ORLANDO FL 32803
TITLE NAME	D BINNS, JUDY <input checked="" type="checkbox"/> Delete
STREET ADDRESS	701 S. HYER AVENUE
CITY-ST-ZIP	ORLANDO FL 32801
TITLE NAME	DT SANDERS, JOHN A <input type="checkbox"/> Delete
STREET ADDRESS	641 WILLIAMS DRIVE
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE NAME	D GENE, GOODWIN <input type="checkbox"/> Delete
STREET ADDRESS	101 N. GRANDVIEW #105
CITY-ST-ZIP	MOUNT DORA FL 32757
TITLE NAME	DS LINDA, SOLASH-REED <input checked="" type="checkbox"/> Delete
STREET ADDRESS	2844 SANBINA STREET
CITY-ST-ZIP	WINTER PARK FL 32789

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	D (Director)
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	Hal C. Reed <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Suite 140
CITY-ST-ZIP	12424 Research Parkway Orlando, FL 32826-3257
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	DS (Secretary)
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	Michael Cohen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2505 Donaldson Drive
CITY-ST-ZIP	Orlando, FL 32812

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

9/11/02

407-244-3226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/02)