

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717411

1. Entity Name

UNIVERSITY UNITED CONGREGATIONAL CHURCH, INC.

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90016 032 \*\*\*\*70.00

Principal Place of Business

Mailing Address

9300 UNIVERSITY BOULEVARD  
ORLANDO FL 32817

9300 UNIVERSITY BOULEVARD  
ORLANDO FL 32817-1707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

00-0717411

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LARSEN, LLOYD A REV  
8734 PINE BARRENS DRIVE  
ORLANDO FL 32817

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 SD ☒ Delete  
NAME BUCHANAN, EVA  
STREET ADDRESS 10334 SMYRNA  
CITY-ST-ZIP ORLANDO FL 32817

TITLE SECRETARY ☐ Change ☒ Addition  
NAME McHALE, LIZANNE  
STREET ADDRESS 518 APPLETON PLACE  
CITY-ST-ZIP OVIEDO, FL 32765

TITLE T ☐ Delete  
NAME ADAMS, CRAIG  
STREET ADDRESS 3930 SOUTH POINTE DR. #218  
CITY-ST-ZIP ORLANDO FL

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

TITLE P ☐ Delete  
NAME LARSEN, REV LLOYD A  
STREET ADDRESS 8734 PINE BARRENS DRIVE  
CITY-ST-ZIP ORLANDO FL

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

TITLE D ☐ Delete  
NAME ZIMMER, MILDRED  
STREET ADDRESS 4337 INLAND LANE  
CITY-ST-ZIP ORLANDO FL

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

TITLE D ☒ Delete  
NAME KORSCHWITZ, HERBERT F.  
STREET ADDRESS 1000 LANTANIA PLACE  
CITY-ST-ZIP OVIEDO FL 32765

TITLE PRESIDENT ☐ Change ☒ Addition  
NAME BUCHANAN, EVA  
STREET ADDRESS 10334 SMYRNA  
CITY-ST-ZIP ORLANDO FL 32817

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

DR. LLOYD A. LARSEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/00

Date

407-657-4272

Daytime Phone #

CR2E037 (9/99)