

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717411

Entity Name

UNIVERSITY UNITED CONGREGATIONAL CHURCH, INC.

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90174 032 ****70.00

Principal Place of Business	Mailing Address
00 UNIVERSITY BOULEVARD ORLANDO FL 32817	9300 UNIVERSITY BOULEVARD ORLANDO FL 32817

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	00-0717411	Applied For	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$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

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]*
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
FILE NAME STREET ADDRESS CITY-ST-ZIP	SD MCHALE, UZANNE 518 APPLETON PL OVIEDO FL 32768 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE NAME STREET ADDRESS CITY-ST-ZIP	T ADAMS, CRAIG 3930 SOUTH POINTE DR. #218 ORLANDO FL <input checked="" type="checkbox"/> Delete	TREASURER GLORIA DIAL 14606 KILANSELT WAY ORLANDO, FL 32828 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
FILE NAME STREET ADDRESS CITY-ST-ZIP	P LARSEN, REV LLOYD A 8734 PINE BARRENS DRIVE ORLANDO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FILE NAME STREET ADDRESS CITY-ST-ZIP	D ZIMMER, MILDRED 4337 INLAND LANE ORLANDO FL <input checked="" type="checkbox"/> Delete	PRESIDENT MILTON STATION 3933 PORT SIMBOR ORLANDO, FL 32817 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
FILE NAME STREET ADDRESS CITY-ST-ZIP	P BUCHANAN, EVA 10334 SMYRNA ORLANDO FL 32817 <input type="checkbox"/> Delete	DIRECTOR EVA BUCHANAN 10334 SMYRNA ORLANDO, FL 32817 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
FILE NAME STREET ADDRESS CITY-ST-ZIP	D HORNSBY, WM 3921 PORT SALBOR ORLANDO FL 32817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

2. 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
2/4/02 407-657-4278
Date Daytime Phone #

CR2E037 (9/01)