

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722226

1. Entity Name

JOHN KNOX PRESBYTERIAN CHURCH OF ORLANDO, INC.

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90007 038 \*\*\*550.00

Principal Place of Business

Mailing Address

118 EAST PAR STRET  
ORLANDO FL 32804

118 EAST PAR STRET  
ORLANDO FL 32804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0993365

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

~~HEFFNER, LEE~~  
~~850 MAURY RD~~  
~~ORLANDO FL 32804~~

Name **MARY EALY**

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

**214 SPANISH OAK TR.**

**LONGWOOD**

City

FL

Zip Code

**32779**

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

After September 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME HEFFNER, LEE  
STREET ADDRESS 850 MAURY RD  
CITY-ST-ZIP ORLANDO FL 32804

TITLE PRESIDENT OF CORP ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 214 SPANISH OAK TR  
CITY-ST-ZIP LONGWOOD, FL. 32779

TITLE VDT ☐ Delete  
NAME SMITH, WILLIAM  
STREET ADDRESS 5613 HOLLOW OAK RD  
CITY-ST-ZIP ORLANDO FL 32808

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

TITLE SD ☒ Delete  
NAME BURTON, TOM  
STREET ADDRESS 4562 CONWAY LANDING RD  
CITY-ST-ZIP ORLANDO FL 32818

TITLE NANCY FULEIHAN ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 801 CAREW AVE.  
CITY-ST-ZIP ORLANDO, FL. 32804

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

**SIGNATURE REQUIRED** **MARY EALY** 7/12/00 407-898-4671

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)