

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723272

1. Entity Name

HOPE LUTHERAN CHURCH OF EAST ORANGE COUNTY, FLORIDA

Principal Place of Business

COUNTY FLORIDA INCORPORATED
2600 NORTH DEAN ROAD
ORLANDO FL 32817

Mailing Address

COUNTY FLORIDA INCORPORATED
2600 NORTH DEAN ROAD
ORLANDO FL 32817

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1405446

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

KALLINA, EDMUND F
2817 ROSE MOSS LN.
ORLANDO FL 32807

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

Edmund F. Kallina

Signature, typed or printed name of registered agent and title is acceptable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KALLINA, EDMUND F
2817 ROSE MOSS LN
ORLANDO FL 32807 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VINCENT, CRYSTAL M
20408 MELLVILLE ST.
ORLANDO FL 32833 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BURNS, RICHARD
432 ROCHESTER ST
OVIEDO FL 32765 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Richard Burns

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Burns
Treasurer

Date

Daytime Phone #

2/25/01

409-657-4556

CR2E037 (10/00)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90055 041 ****61.25



DO NOT WRITE IN THIS SPACE