

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735837

1. Entity Name

UNITY CHURCH OF CHRISTIANITY, INC.

FILED

Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90007 009 ****61.25

Principal Place of Business

Mailing Address

4801 CLARCONA OCOEE RD.
ORLANDO FL 32810

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ORLANDO FL 32810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

WUERFEL, JANICE R
413 E. BAY AVE
LONG FL 32750

7. Name and Address of New Registered Agent

Name JANICE RICHER WUERFEL

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

413 E. BAY AVE

City LONGWOOD

FL

Zip Code 32750

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2141375

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FRANCISCO, JEANETTE	
STREET ADDRESS	6700 CRESCENT RIDGE RD	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	T	<input type="checkbox"/> Delete
NAME	SEAY, LINDA	
STREET ADDRESS	6941 CRESCENT RIDGE RD.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARREN, JOHN	
STREET ADDRESS	1167 SARAH LN	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENNINGS, KIMBROUGH	
STREET ADDRESS	399 MINCHESTER PLACE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICHER, JANICE	
STREET ADDRESS	201 S TRIPLET LK DR	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAN CAIN	
STREET ADDRESS	8224 BANYAN BLVD	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIERDRA GIRARDEAU	
STREET ADDRESS	1465 S. KIRKMAN Rd #2065	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOANNE BARROWS	
STREET ADDRESS	15736 LAKE HODGE COURT	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REG LYLE	
STREET ADDRESS	107 DUNCAN TRAIL	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANICE RICHER WUERFEL	
STREET ADDRESS	413 E. BAY AVE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

LINDA SEAY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREASURER

1/27/00 407-647-4119

Date

Daytime Phone #

CR2E037 (9/99)