

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90051 041 \*\*\*\*61.25

**DOCUMENT # 735837**

1. Entity Name

**UNITY CHURCH OF CHRISTIANITY, INC.**

Principal Place of Business

4801 CLARCONA OCOEE RD.  
 ORLANDO FL 32810

Mailing Address

4801 CLARCONA OCOEE RD.  
 ORLANDO FL 32810

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



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

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 R. Wuerfel**

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

**8082 Gilliam Rd**

City

**Apopka**

**FL**

Zip Code

**327 03**

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

*Janice Richer Wuerfel*

**Janice Richer Wuerfel**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CAIN, DAN</b> <b>8224 BANYAN BLVD</b> <b>ORLANDO FL 32819</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SEAY, LINDA</b> <b>6941 CRESCENT RIDGE RD.</b> <b>ORLANDO FL 32819</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WARREN, JOHN</b> <b>1167 SARAH LN</b> <b>CASSELBERRY FL 32707</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JENNINGS, KIMBROUGH</b> <b>399 MINCHESTER PLACE</b> <b>LONGWOOD FL 32779</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GIRARDEAU, DIERORA</b> <b>1465 S. KIRKMAN RD #2065</b> <b>ORLANDO FL 32811</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARROWS, JOANNE</b> <b>15736 LAKE HODGE COURT</b> <b>CLERMONT FL 34711</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4615 Woodlot Ct</b> <b>Orlando FL 32835</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D Lorraine Edey-Nowell</b> <b>870 Wildmere Ave East</b> <b>Longwood FL 32750</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>D Veronica Sailer</b> <b>509 Faith Terrace</b> <b>Maitland FL 32751</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>D John Gamber</b> <b>3510 Fairway Lane</b> <b>Orlando FL 32804</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Linda Seay* **RECAINDA SEAY, TREASURER 2/2/01 407-647-4119**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)