

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735837

1. Entity Name

UNITY CHURCH OF CHRISTIANITY, INC.

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90572 025 \*\*\*\*61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

WUERFEL, JANICE R  
8082 GILLIAM ROAD  
APOPKA FL 32703

Name

Dan Cain

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

4615 Woodlot Court

City

Orlando

FL

Zip Code  
32835

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]*

Dan Cain, President

12 Feb 2002

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME CAIN, DAN  
STREET ADDRESS 4615 WOODLOT CT.  
CITY-ST-ZIP ORLANDO FL 32835

TITLE ☒ Change ☐ Addition  
NAME S  
STREET ADDRESS Veronica Sailer  
CITY-ST-ZIP 551 Finchley Rd  
Maitland FL 32751

TITLE ☒ Delete  
NAME T  
STREET ADDRESS SEAY, LINDA  
CITY-ST-ZIP 6941 CRESCENT RIDGE RD.  
ORLANDO FL 32819

TITLE ☒ Change ☐ Addition  
NAME T  
STREET ADDRESS Reg Lyle  
CITY-ST-ZIP 107 Duncan Trail  
Longwood FL 32779

TITLE ☐ Delete  
NAME D  
STREET ADDRESS EDEY-NOWELL, LORRAINE  
CITY-ST-ZIP 870 WILDMERE AVENUE EAST  
LONGWOOD FL 32750

TITLE ☒ Change ☐ Addition  
NAME V  
STREET ADDRESS Kimbrough Jennings  
CITY-ST-ZIP 399 Winchester Place  
Longwood FL 32779

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SAILER, VERONICA  
CITY-ST-ZIP 509 FAITH TERRACE  
MAITLAND FL 32751

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Mildred Gill  
CITY-ST-ZIP 699 Gladwin Street  
Fern Park FL 32730

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GAMBER, JOHN  
CITY-ST-ZIP 3510 FAIRWAY LANE  
ORLANDO FL 32804

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Cathy Sanders  
CITY-ST-ZIP 788 Wayne Avenue  
Altamonte Spgs FL 32701

TITLE ☒ Delete  
NAME D  
STREET ADDRESS BARROWS, JOANNE  
CITY-ST-ZIP 15736 LAKE HODGE COURT  
CLERMONT FL 34711

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS Don Johnson  
CITY-ST-ZIP 133B Springwood Circle  
Longwood FL 32750

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:

*Veronica Sailer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED Veronica Sailer, Secretary 12 Feb 2002

Date

Daytime Phone #

CR2E037 (9/01)