

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738331

1. Entity Name

PARKWAY BAPTIST CHURCH OF ORLANDO, INC.

Principal Place of Business

Mailing Address

9000 LAKE UNDERHILL RD.
ORLANDO FL 32825

9000 LAKE UNDERHILL RD.
ORLANDO FL 32825-3764

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

59-1734375

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

SOLOMON, VERNON
100 KASEY DRIVE
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

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 TPTR ☐ Delete
NAME SOLOMON, VERNON
STREET ADDRESS 100 KASEY DRIVE
CITY-ST-ZIP ORLANDO FL

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

TITLE VSTR ☐ Delete
NAME KNISLEY, EUGENE L.
STREET ADDRESS 7031 MODERNA WAY
CITY-ST-ZIP ORLANDO FL

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

TITLE TR ☐ Delete
NAME HASS, BILL
STREET ADDRESS 714 POND PINE CT
CITY-ST-ZIP ORLANDO FL 32825

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

TITLE TR ☐ Delete
NAME KUGLER, KEVIN
STREET ADDRESS 1095 MELLER WAY
CITY-ST-ZIP ORLANDO FL 32825

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

TITLE TR ☐ Delete
NAME SHARP, ROGER
STREET ADDRESS 2721 HARGILL DRIVE
CITY-ST-ZIP ORLANDO FL

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

TITLE CTR ☐ Delete
NAME STRICKLAND, DANIEL E.
STREET ADDRESS 840 PINE MEADOWS RD
CITY-ST-ZIP ORLANDO FL

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:

Vernon Solomon SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

(407) 273-0511

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE