

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746153

1. Entity Name

UNITED CHURCH OF THE NAZARENE, INC.

Principal Place of Business

1320 S. CHICKASAW TRAIL  
ORLANDO FL 32825

Mailing Address

1320 S. CHICKASAW TRAIL  
ORLANDO FL 32825-8214

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

WILLIAMS, JOSEPH  
1320 S CHICKASAW TRAIL  
ORLANDO FL 32825

7. Name and Address of New Registered Agent

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

TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, JOSEPH M.	
STREET ADDRESS	4106 LILLIAN HALL LANE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEWIS, RANDY	
STREET ADDRESS	4700 ROCKLEDGE	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GRAY, REV. JOHN	
STREET ADDRESS	1320 S CHICKASAW TRAIL	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARSHALL, WILLIAM PENN	
STREET ADDRESS	8734 PEPPERCORN	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BENTON, LOWELL	
STREET ADDRESS	7340 B. DANIEL WEBSTER DRIVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rev. Robert Yates	
STREET ADDRESS	1320 S. Chickasaw Tr.	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*Joseph Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 11, 2000 8:00 am  
Secretary of State

02-11-2000 90039 001 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1882975 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required