

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90076 026 \*\*\*\*61.25

**DOCUMENT # 751006**

1. Entity Name

**ST. LUKE'S UNITED METHODIST CHURCH AT WINDERMERE, INC.**

Principal Place of Business

4851 S. APOPKA VINELAND RD.  
 ORLANDO FL 32819

Mailing Address

4851 S. APOPKA VINELAND RD.  
 ORLANDO FL 32819

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

**05-0135700**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GUSTINO, JAMES A**  
**444 W NEW ENGLAND AVE., SUITE G**  
**WINTER PARK FL 32789**

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**

*86456*

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	<b>TT</b> <b>BUCHANAN, JERRY</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>8027 WELLSMERE CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32835</b>	
TITLE NAME	<b>ST</b> <b>FALCONER, MATTHEW</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1701 CHELTONBOROUGH DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819-3928</b>	
TITLE NAME	<b>PT</b> <b>YEAGER, SHREN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3926 SALMON DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE NAME	<b>VPT</b> <b>BROMLEY, RANDALL</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>9051 POINT CYPRESS DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32836</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>VPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>ST</b> <b>Fred Peacock</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>6011 JAMESTOWN PARK</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32819</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: \_\_\_\_\_

**RECEIVED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRANK WAGNER SR** PRESIDENT 01/08/01 (407) 298-7392

Date

Daytime Phone #

CR2E037 (10/00)

0027