

**2000 UNIFORM BUSINESS REPORT (UBR)**

2/26

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90032 043 \*\*\*\*61.25

**DOCUMENT # 754596**

1. Entity Name

**FIRST CHURCH OF CHRIST, SCIENTIST, LONGWOOD, FLO**

Principal Place of Business

Mailing Address

975 MARKHAM WOODS RD  
 LONGWOOD FL 32779  
 US

975 MARKHAM WOODS RD  
 LONGWOOD FL 32779-2825  
 US

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

**59-2041282**

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

**DUNAWAY, DAVID**  
**1632 PINEWOOD DR**  
**ORLANDO FL 32804**

Name **Ruberti, Karen**

Street Address (P.O. Box Number is Not Acceptable)  
**1786 Oakbrook Dr.**

City **Longwood**

**FL**

Zip Code **32719**

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 *Karen Ruberti*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

**3-26-00**

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 **DCP**  Delete  
 NAME **DUNAWAY, DAVID**  
 STREET ADDRESS **1632 PINEWOOD DR**  
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **DCP**  Change  Addition  
 NAME **RUBERTI, KAREN**  
 STREET ADDRESS **1786 Oakbrook Dr.**  
 CITY-ST-ZIP **Longwood FL 32719**

TITLE **VD**  Delete  
 NAME **DUNAWAY, DAVID**  
 STREET ADDRESS **1632 PINEWOOD DR**  
 CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **VD**  Change  Addition  
 NAME **WINNER, GARY**  
 STREET ADDRESS **303 Fairway Rd**  
 CITY-ST-ZIP **SANFORD, FL 32773**

TITLE **D**  Delete  
 NAME **MORTON, SARAE**  
 STREET ADDRESS **2503 SWEETWATER COUNTRY CLUB DR**  
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE **D**  Change  Addition  
 NAME **MANSBACH, BETH**  
 STREET ADDRESS **561 Bingham Pl.**  
 CITY-ST-ZIP **Lake Mary, FL 32746**

TITLE **D**  Delete  
 NAME **BUMGARDNER, SANDRA**  
 STREET ADDRESS **1061 WASHINGTON AVE-**  
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE **D**  Change  Addition  
 NAME **1120 AZOTA DR**  
 STREET ADDRESS **Deltona, FL 32725**

TITLE **D**  Delete  
 NAME **SOMMER, JANE**  
 STREET ADDRESS **213 PEPPERTREE CT**  
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **D**  Change  Addition  
 NAME **KREUEBER, KATHY**  
 STREET ADDRESS **2827 Sandbar St.**  
 CITY-ST-ZIP **Longwood FL 32779**

TITLE **VD**  Delete  
 NAME **RUBERTI, KAREN**  
 STREET ADDRESS **1086 EDMISTON PLACE**  
 CITY-ST-ZIP **LONGWOOD FL 32779**

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:

*Karen Ruberti*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-3-00**

Date

**407-774-9700**

Daytime Phone #