

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002957

1. Entity Name

AMERICAN FRIENDS OF TYNDALE HOUSE, CAMBRIDGE, IN C.

Principal Place of Business

Mailing Address

215 NORTH EOLA DRIVE  
ORLANDO FL 32801

215 NORTH EOLA DRIVE  
ORLANDO FL 32801

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

59-3645285

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

TUFTS, T. SCOTT  
215 NORTH EOLA DRIVE  
ORLANDO FL 32801

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 D ☐ Delete  
NAME WINTER, BRUCKE DR  
STREET ADDRESS 36 SELWYN GARDENS  
CITY-ST-ZIP CAMBRIDGE UK CB-39BA

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

TITLE D ☐ Delete  
NAME SENEFF, TIMOTHY J  
STREET ADDRESS 450 SOUTH ORANGE AVE. 14TH FLOOR  
CITY-ST-ZIP ORLANDO FL 32801

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

TITLE D ☐ Delete  
NAME SEIFRID, MARK DR.  
STREET ADDRESS 2562 DELL ROAD  
CITY-ST-ZIP LOUISVILLE KY 40205

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

TITLE D ☐ Delete  
NAME KINMAN, BRENT DR.  
STREET ADDRESS 5216 APACHE CREEK ROAD  
CITY-ST-ZIP CASTLE ROCK CO 80104

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

TITLE D ☐ Delete  
NAME HANSEN, WALTER DR.  
STREET ADDRESS 1011 LAS PALMAS DRIVE  
CITY-ST-ZIP SANTA BARBARA CA 93110

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

TITLE D ☐ Delete  
NAME THIELMAN, FRANK DR.  
STREET ADDRESS 415 WOODLAND DRIVE  
CITY-ST-ZIP BIRMINGHAM AL 35209

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 no other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)