

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 20, 2001 8:00 am**  
**Secretary of State**

07-20-2001 90004 049 \*\*\*\*61.25

**DOCUMENT # N00000006653**

1. Entity Name

**THE CHURCH OF ORLANDO INC.**



Principal Place of Business

**8530 MILANO DR  
 ORLANDO FL 32810**

Mailing Address

**8530 MILANO DR  
 ORLANDO FL 32810**

**A0078704**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3720728**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FITZGERALD, MICHAEL  
 8530 MILANO DR, APT. 21210  
 ORLANDO FL 32810**

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

*Michael Fitzgerald*

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

(NOTE: Registered Agent signature required when reinstating)

**7/14/01**

DATE

**FILE NOW: FEE IS \$61.25**

**After September 12, 2001, min. will be \$236.25**

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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **FITZGERALD, MICHAEL**  
 CITY-ST-ZIP **8530 MILANO DR, APT. 21210  
 ORLANDO FL 32810**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **FITZGERALD, DOREEN**  
 CITY-ST-ZIP **8530 MILANO DR, APT. 21210  
 ORLANDO FL 32810**

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

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **FITZGERALD, MALCOLM**  
 CITY-ST-ZIP **8530 MILANO DR, APT. 21210  
 ORLANDO FL 32810**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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:

*Michael Fitzgerald*

CR2E037 (5/01)