

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 02, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90275 011 \*\*\*\*61.25

DOCUMENT # **NO1000008200**

1. Entity Name

**United Male Ushers of Central Florida**

**DO NOT WRITE IN THIS SPACE**

**33430**

2. Principal Place of Business

**303 E. JACKSON ST**

Suite, Apt. #, etc.

3. Mailing Address

**1259 E. Grant Ave**

Suite, Apt. #, etc.

City & State

**Mt. Dora, Florida**

Zip

**32757**

Country

**USA**

City & State

**Mt. Dora, Florida**

Zip

**32757**

Country

**USA**

4. FEI Number

**02-0597823**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Keith P. McNair**

Street Address (P.O. Box Number is Not Acceptable)

**1259 E. Grant Ave**

City

**Mt. Dora**

**FL**

Zip Code

**32757**

**DO NOT WRITE  
IN THIS SPACE**

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
Initial or Amended UBR

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>1) Keith P. McNair - President</b>
STREET ADDRESS	<b>1259 E. Grant Ave</b>
CITY-ST-ZIP	<b>Mount Dora, Fla 32757</b>
TITLE NAME	<b>2) Vice President</b>
STREET ADDRESS	<b>Douglas Major</b>
CITY-ST-ZIP	<b>1020 McNamara St Leesburg, FL 34748</b>
TITLE NAME	<b>Treasurer</b>
STREET ADDRESS	<b>Minister Gary Kiner</b>
CITY-ST-ZIP	<b>999 Whisper Oak Lane Leesburg, FL 34748</b>
TITLE NAME	<b>Financial Secretary</b>
STREET ADDRESS	<b>Sidney Gray</b>
CITY-ST-ZIP	<b>2015 Photal Ave Leesburg, FL 34748</b>
TITLE NAME	<b>Adv. Sec</b>
STREET ADDRESS	<b>Rev. LeRoy Lee</b>
CITY-ST-ZIP	<b>718 McCormick Leesburg, FL 34748</b>
TITLE NAME	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Keith P. McNair**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/24/02**

Date

**352-383-2407**

Daytime Phone #

CR2E037B (12/01)