

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000008200

FILED
Mar 10, 2003
Secretary of State

Entity Name: UNITED MALE USHERS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

303 E. JACKSON STREET
MOUNT DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

1259 E. GRANT AVENUE
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 02-0597823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNAIR, KEITH P
1259 E. GRANT AVENUE
MOUNT DORA, FL 32757

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCNAIR, KEITH P
Address: 1259 E. GRANT AVENUE
City-St-Zip: MOUNT DORA, FL 32757

Title: VPD () Delete
Name: MAJOR, DOUGLAS
Address: 1020 MCNAMEE STREET
City-St-Zip: LEESBURG, FL 34748

Title: T () Delete
Name: KINER, MINISTER GARY
Address: 998 WHISPER OAK DRIVE
City-St-Zip: LEESBURG, FL 34748

Title: FS () Delete
Name: GRAY, SIDNEY
Address: 2215 MISTAN AVENUE
City-St-Zip: LEESBURG, FL 34748

Title: AD () Delete
Name: LEE, REV LEROY
Address: 718 MCCORMICK
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH P. MCNAIR

PD

03/10/2003

Electronic Signature of Signing Officer or Director

Date