

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N24079

1. Entity Name

THE FLORIDA DISTRICT OF THE UNITARIAN UNIVERSALIST ASSOCIATION, INC.

**FILED**  
Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90153 037 \*\*\*\*61.25

Principal Place of Business

1901 E ROBINSON ST  
STE. 18  
ORLANDO FL 32803  
US

Mailing Address

1901 E ROBINSON ST  
STE. 18  
ORLANDO FL 32803  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3451507

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

HIGGINS, MARY C REV  
1901 E ROBINSON ST  
STE. 18  
ORLANDO FL 32803

Name

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

City

FL

Zip Code

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

**FEE 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

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| <p>10. OFFICERS AND DIRECTORS</p> <p>1. Name: PD CONVERSE, KATHY</p> <p>2. Street Address: 724 OCEAN FRONT</p> <p>3. City-ST-ZIP: NEPTUNE BEACH FL 32266</p> <p>4. Delete <input type="checkbox"/></p> | <p>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</p> <p>1. Title: NAME</p> <p>2. Street Address: STREET ADDRESS</p> <p>3. City-ST-ZIP: CITY-ST-ZIP</p> <p>4. Change <input type="checkbox"/> Addition <input type="checkbox"/></p> |
| <p>1. Name: VPD HELLE, STEVE</p> <p>2. Street Address: 9058 FRYLAND BLVD.</p> <p>3. City-ST-ZIP: ORLANDO FL 32817</p> <p>4. Delete <input type="checkbox"/></p>  | <p>1. Title: NAME</p> <p>2. Street Address: STREET ADDRESS</p> <p>3. City-ST-ZIP: CITY-ST-ZIP</p> <p>4. Change <input type="checkbox"/> Addition <input type="checkbox"/></p>  |
| <p>1. Name: TD ASGEIRSON, JOHN</p> <p>2. Street Address: 5510 S.W. 76 STREET, #D</p> <p>3. City-ST-ZIP: MIAMI FL</p> <p>4. Delete <input type="checkbox"/></p>   | <p>1. Title: NAME</p> <p>2. Street Address: STREET ADDRESS</p> <p>3. City-ST-ZIP: CITY-ST-ZIP</p> <p>4. Change <input type="checkbox"/> Addition <input type="checkbox"/></p>  |
| <p>1. Name: SD SMITH-DARY, JULIE</p> <p>2. Street Address: 1216 HARBOUR POINT DRIVE</p> <p>3. City-ST-ZIP: PORT ORANGE FL</p> <p>4. Delete <input type="checkbox"/></p>                                | <p>1. Title: NAME</p> <p>2. Street Address: STREET ADDRESS</p> <p>3. City-ST-ZIP: CITY-ST-ZIP</p> <p>4. Change <input type="checkbox"/> Addition <input type="checkbox"/></p>  |
| <p>1. Name: (Empty)</p> <p>2. Street Address: (Empty)</p> <p>3. City-ST-ZIP: (Empty)</p> <p>4. Delete <input type="checkbox"/></p>   | <p>1. Title: NAME</p> <p>2. Street Address: STREET ADDRESS</p> <p>3. City-ST-ZIP: CITY-ST-ZIP</p> <p>4. Change <input type="checkbox"/> Addition <input type="checkbox"/></p>  |
| <p>1. Name: (Empty)</p> <p>2. Street Address: (Empty)</p> <p>3. City-ST-ZIP: (Empty)</p> <p>4. Delete <input type="checkbox"/></p>   | <p>1. Title: NAME</p> <p>2. Street Address: STREET ADDRESS</p> <p>3. City-ST-ZIP: CITY-ST-ZIP</p> <p>4. Change <input type="checkbox"/> Addition <input type="checkbox"/></p>  |

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary C. Higgins

2/01/02

407-894-2119

Date

Daytime Phone #

CR2E037 (9/01)