

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48146

1. Entity Name

JESUS IS LORD CHURCH OF ORLANDO, INC.

FILED

Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90034 003 ****61.25

Principal Place of Business

Mailing Address

6250 EDGEWATER DRIVE
SUITE 300
ORLANDO FL 32810
US

6250 EDGEWATER DRIVE
SUITE 300
ORLANDO FL 32810-4743
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3108782

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

QUINONES, ROBERTO
4436 GOLDENRAIN COURT
ORLANDO FL 32808

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 QUINONES, ROBERTO
STREET ADDRESS 4436 GOLDENRAIN CT
CITY-ST-ZIP ORLANDO FL 32808

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

TITLE D ☐ Delete
NAME QUINONES, AIDA LUZ
STREET ADDRESS 4436 GOLDENRAIN CT
CITY-ST-ZIP ORLANDO FL 32808

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

TITLE D ☐ Delete
NAME SANCHEZ, JOHN ANTHONY
STREET ADDRESS 3241 FAY COURT
CITY-ST-ZIP DELTONA FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Roberto Quinones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00 (407) 578-3774
Date Daytime Phone #

CR2E037 (9/99)