

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90358 049 \*\*\*\*61.25

**DOCUMENT # N48146**

1. Entity Name

**JESUS IS LORD CHURCH OF ORLANDO, INC.**

Principal Place of Business

6250 EDGEWATER DRIVE  
 SUITE 300  
 ORLANDO FL 32810  
 US

Mailing Address

6250 EDGEWATER DRIVE  
 SUITE 300  
 ORLANDO FL 32810  
 US

**A0069152**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4845 LAKE SPARKLING RD.**

3. Mailing Address

**4845 LAKE SPARKLING RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO FL. 32810**

City & State

**ORLANDO FL. 32810**

4. FEI Number

**59-3108782**

☒ Applied For

☐ Not Applicable

Zip

**32810**

Country

**ORANGE**

Zip

**32810**

Country

**ORANGE**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**QUINONES, ROBERTO**  
**4436 GOLDENRAIN COURT**  
**ORLANDO FL 32808**

7. Name and Address of New Registered Agent

Name **ROBERTO QUINONES**

Street Address (P.O. Box Number is Not Acceptable)  
**4845 LAKE SPARKLING RD.**

City **ORLANDO**

**FL**

Zip Code **32810**

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

*Roberto Quinones*

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

(NOTE: Registered Agent signature required when reinstating)

**5/2/01**

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

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition  
 NAME **QUINONES, ROBERTO**  
 STREET ADDRESS **4845 LAKE SPARKLING RD.**  
 CITY-ST-ZIP **ORLANDO FL. 32810**

TITLE **D** ☒ Change ☐ Addition  
 NAME **QUINONES, AIDA LUZ**  
 STREET ADDRESS **4845 LAKE SPARKLING RD**  
 CITY-ST-ZIP **ORLANDO FL. 32810**

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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*

**5/2/01 (407) 522-0570**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)