

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49282

1. Entity Name

ORLANDO AREA INTER-FAITH SPONSORING COMMITTEE, I

Principal Place of Business

309 E. COLONIAL DR.
ORLANDO FL 32801
US

Mailing Address

309 E. COLONIAL DR.
P.O. BOX 1868
ORLANDO FL 32802-1868
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3151613

Applied For

Not Applicable

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

SALMON, DENNIS M.
1100 LEE ROAD
ORLANDO FL 32810

Name

SAME

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

830 WEST 29th ST.

City

ORLANDO

FL

Zip Code
32805

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SALMON, DENNIS M.	
STREET ADDRESS	1100 LEE ROAD	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DEBEVOISE, DAN	
STREET ADDRESS	309 E COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HESLIN, SEAN F	
STREET ADDRESS	P.O. BOX 1868	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LIPPARD, ALLAN	
STREET ADDRESS	1400 N NOWELL	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REV. ALAN LIPHART	
STREET ADDRESS	1400 N. NOWELL	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	REV. BEN V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REV. BEN BERINFI	
STREET ADDRESS	801 N. HASTINGS	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. DENNIS SALMON	
STREET ADDRESS	830 WEST 29th ST.	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 time empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00 (407) 293-0545

Date

Daytime Phone #

CR2E037 (9/99)