

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90029 011 ****61.25

DOCUMENT # N93000000594

1. Entity Name
FIRST UNITARIAN CHURCH OF ORLANDO, INC.

| | |
|--|---|
| Principal Place of Business 1901 EAST ROBINSON STREET ORLANDO FL 32803 US | Mailing Address 1901 EAST ROBINSON STREET ORLANDO FL 32803-5934 US |
|--|---|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|--|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-0823945 | | Applied For <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 6. Name and Address of Current Registered Agent SIEGFRIED, JEAN 1901 EAST ROBINSON ST ORLANDO FL 32803 | | | | 7. Name and Address of New Registered Agent Name Jeffrey A. Wisley Street Address (P.O. Box Number is Not Acceptable) First Unitarian Church of Orlando 1901 East Robinson Street City Orlando FL Zip Code 32803 | | | |
|--|--|--|--|---|--|--|--|

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: Jeffrey A. Wisley President DATE: 2/1/00

(NOTE: Registered Agent signature required when reinstating)

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 | PT <input type="checkbox"/> Delete | TITLE | PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SIEGFRIED, JEAN | NAME | Jeffrey A. Wisley | | |
| STREET ADDRESS | 1321 SUFFOLK RD | STREET ADDRESS | First Unitarian Church; 1901 E. Robinson St | | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | CITY-ST-ZIP | Orlando, FL 32803 | | |
| TITLE | VT <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BAKER, BILL | NAME | | | |
| STREET ADDRESS | 4820 FT. CHRISTMAS RD. | STREET ADDRESS | | | |
| CITY-ST-ZIP | CHRISTMAS FL 32709 | CITY-ST-ZIP | | | |
| TITLE | VT <input type="checkbox"/> Delete | TITLE | VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | KELLMAN, NANCY | NAME | Carmen Emerson | | |
| STREET ADDRESS | 3019 NORTHWOOD BLVD | STREET ADDRESS | 3236 Inverness Court | | |
| CITY-ST-ZIP | ORLANDO FL 32803 | CITY-ST-ZIP | Orlando, FL 32806 | | |
| TITLE | TT <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | GROSS, JANE | NAME | | | |
| STREET ADDRESS | 9716 FERNWICKE CT | STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL 32819 | CITY-ST-ZIP | | | |
| TITLE | ST <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | DURRANT, SHARON | NAME | | | |
| STREET ADDRESS | 5018 BARTON DR. | STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL 32807 | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |

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: Jeffrey A. Wisley DATE: 2/1/00 407-306-6872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)