

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

07-18-2001 90258 016 \*\*\*\*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, US**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country

4. FEI Number: **59-0823945** Applied For:  Not Applicable:

5. Certificate of Status Desired:  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**WRISLEY, JEFFREY A**  
**FIRST UNITARIAN CHURCH OF ORLANDO**  
**1901 E ROBINSON ST**  
**ORLANDO FL 32803**

7. Name and Address of New Registered Agent  
 Name: **Sandra Pollock**  
 Street Address (P.O. Box Number is Not Acceptable): **First Unitarian Church of Orlando**  
**1901 East Robinson Street**  
 City: **Orlando** State: **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: *Sandra Pollock* **PRESIDENT** DATE: **7/6/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>WRISLEY, JEFFREY A</b> <b>1901 E ROBINSON ST</b> <b>ORLANDO FL 32803</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>Sandra Pollock</b> <b>2021 Oregon Street</b> <b>Orlando, FL 32803</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>POLLOCK, SANDRA</b> <b>2021 OREGON STREET</b> <b>ORLANDO FL 32803</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>Sharon Durrant</b> <b>5018 Barton Dr.</b> <b>Orlando, FL 32807</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>EMERSON, CARMEN</b> <b>3236 INVERNESS COURT</b> <b>ORLANDO FL 32806</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>Lorna Ahrens</b> <b>1075 Golfside Drive</b> <b>Winter Park, FL 32792</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TT</b> <b>GROSS, JANE</b> <b>9716 FERNWICKE CT</b> <b>ORLANDO FL 32819</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>DURRANT, SHARON</b> <b>5018 BARTON DR.</b> <b>ORLANDO FL 32807</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>Nancy Bennett</b> <b>3665 Dubsdread Circle</b> <b>Orlando, FL 32804</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sandra Pollock* DATE: **7/6/01** (407) 891-8364

CR2E037 (5/01)