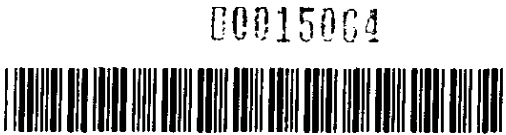


2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001045
Entity Name
UNIVERSITY UNITARIAN UNIVERSALIST SOCIETY, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State
02-04-2000 90080 037 ****61.25

Principal Place of Business BOX 2213 FL 32733	Mailing Address P O BOX 2213 GOLDENROD FL 32733-2213
Principal Place of Business 11648 MCCULLOCH ROAD Suite, Apt. #, etc.	3. Mailing Address P. O. BOX 780997 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State ORLANDO, FL	City & State ORLANDO, FL	4. FEI Number 59-3172745	Applied For <input type="checkbox"/> Not Applicable
Zip 32817	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEITH A. CARLSON 11648 MCCULLOCH ROAD ORLANDO FL 32826		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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: Keith A. Carlson KEITH A. CARLSON, TREASURER 1/29/00
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State	
OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
P LUNDIN, BARRY 1534 INDIAN DANCE COURT MAITLAND FL 32751	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V CHRISTENSEN, RACHEL 412 MEAD DR OVIEDO FL 32765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
T CARLSON, KEITH A 12017 STUDENT DR. ORLANDO FL 32826	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D ANDERSON, KATHY 1219 EASTIN AVE ORLANDO FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D HARGETT, PAUL 5807 WILLOW BUD CT. ORLANDO FL 32807	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S TATE, DENISE 103 SISO COVE WINTER PARK FL 32708	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 furnished 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 applicable, or on an attachment with an address, with all other like empowered.

SIGNATURE: Keith A. Carlson KEITH A. CARLSON 1/29/00 407-282-8295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)