

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90205 045 ****61.25

DOCUMENT # N93000001045

1. Entity Name

UNIVERSITY UNITARIAN UNIVERSALIST SOCIETY, INC.

Principal Place of Business

Mailing Address

**11648 MCCULLOCH ROAD
 ORLANDO FL 32817**

**PO BOX 780997
 ORLANDO FL 32878-0997**

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

59-3172745

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

**ASHCRAFT, DUTTON
 2726 DOBBIN DRIVE
 ORLANDO FL 32817**

DOBBIN DRIVE

Name

ASHCRAFT, DUTTON

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

2726 DOBBIN DRIVE

ORLANDO

City

FL

Zip Code

32817

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 ☐ Delete
 NAME **P**
 STREET ADDRESS **CHRISTENSEN, RACHEL**
 CITY-ST-ZIP **412 MEAD DR.
 OVIEDO FL 32765**

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

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **VEILLEUX, AL**
 CITY-ST-ZIP **131 RAIN TREE DR.
 CASSELBERRY FL 32707**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **ASHCRAFT, DUTTON**
 CITY-ST-ZIP **2726 DOBBIN DR.
 ORLANDO FL 32817**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **FERGUSON, RAYMOND**
 CITY-ST-ZIP **2644 FALMOUTH ROAD
 MAITLAND FL 32751**

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **HUNTER, JACKSON**
 CITY-ST-ZIP **1673 SOUTH KIRKMAN DR.
 ORLANDO FL 32811**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **ELLISON, JAY**
 CITY-ST-ZIP **415 MEAD DRIVE
 OVIEDO, FL 32765**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **ADDA, KATE**
 CITY-ST-ZIP **1000 BRIELLE AVE
 OVIEDO FL 32765**

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:

Signature and typed or printed name of signing officer or director

J. ASHCRAFT

1/23/02

(407) 657-9309

CR2E037 (9/01)