

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90188 019 ****61.25

DOCUMENT # N93000001045

1. Entity Name
UNIVERSITY UNITARIAN UNIVERSALIST SOCIETY, INC.



Principal Place of Business

**11648 MCCULLOCH ROAD
ORLANDO FL 32817**

Mailing Address

**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**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE **V** ☐ Change ☒ Addition
NAME **CLARK CLAYMAN**
STREET ADDRESS **200 ST. ANDREWS BLVD. #3603**
CITY-ST-ZIP **WINTER PARK, FL 32792**

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

TITLE **D** ☐ Change ☐ Addition
NAME **JAN HARMON**
STREET ADDRESS **2503 WESTMINSTER**
CITY-ST-ZIP **OVIEDO, FL 32765**

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

TITLE **D** ☐ Change ☒ Addition
NAME **ROBERT FLICK**
STREET ADDRESS **1020 GOLFEDGE DR.**
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE **D** ☒ Delete
NAME **HUNTER, JACKSON**
STREET ADDRESS **415 MEAD DR**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **D** ☐ Change ☐ Addition
NAME **MICHAEL CAMPBELL**
STREET ADDRESS **863 E. PALM VALLEY DR.**
CITY-ST-ZIP **OVIEDO, FL 32765**

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

TITLE **S** ☐ Change ☒ Addition
NAME **LISA RUCKMAN**
STREET ADDRESS **894 COMMONWEALTH CT.**
CITY-ST-ZIP **CASSELBERRY, FL 32707**

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 empowerment.

SIGNATURE: **ASHCRAFT, TREAS** 2/7/03 (402) 657-9309

CR2E037 (10/02)