

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003146

1. Entity Name

FAITHWORLD CENTER OF ORLANDO, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90010 010 ****61.25

Principal Place of Business
1045 W ORANGE BLOSSOM TRL
APOPKA FL 32712
US

Mailing Address
P.O. BOX 607608
ORLANDO FL 32860-7608
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3200762

Applied For
Not Applicable

Zip Country

Zip Country

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

BROWN, CLINT S
1045 W ORANGE BLOSSOM TRL
APOPKA FL 32712

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.

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	PD	<input type="checkbox"/> Delete
NAME	BROWN, CLINT S	
STREET ADDRESS	2290 LAKE MARION DR	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BROWN, ANGELA S	
STREET ADDRESS	2290 LAKE MARION DR	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BAUM, TERRY	
STREET ADDRESS	707 BROOK FOREST CT	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAUM, DEBRA	
STREET ADDRESS	707 BROOK FOREST CT	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H/27/00 *(407) 292-8888*
Date Daytime Phone #

CR2E037 (9/99)