

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004580

1. Entity Name

FIRST CONGREGATIONAL UNITED CHURCH OF CHRIST OF

Principal Place of Business

240 4TH ST. NORTH
ST. PETERSBURG FL 33701

Mailing Address

222 EAST WELBOURNE AVE
WINTER PARK FL 32789-4336
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

924 N. Magnolia Ave.

Suite, Apt. #, etc.

Suite 250

City & State

Orlando, FL

Zip

32803

Country

Orange

4. FEI Number

59-0624385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BORKO, DOUGLAS M DR
222 EAST WELBOURNE AVE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
924 N. Magnolia Avenue

Suite 250

City
Orlando

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

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS FELDMAN, JUDY
CITY-ST-ZIP 13085 ORTEGA LANE
NORTH MIAMI FL 33157

TITLE ☐ Delete
NAME T
STREET ADDRESS BIZER, PAUL
CITY-ST-ZIP 200-24TH AVENUE
INDIAN ROCKS BEACH FL 33785-3099

TITLE ☐ Delete
NAME PD
STREET ADDRESS KLOSSNER, WILLIAM
CITY-ST-ZIP 1201 AQUI ESTA
PUNTA GORDA FL 33950

TITLE ☐ Delete
NAME SD
STREET ADDRESS ATCHISON, JAMES
CITY-ST-ZIP 1960 N SWINTON AVENUE
DELRAY BEACH FL

TITLE ☐ Delete
NAME M
STREET ADDRESS BORKO, DOUGLAS M
CITY-ST-ZIP 222 E. WELBOURNE AVENUE
WINTER PARK FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME M
STREET ADDRESS M. Douglas Borko
CITY-ST-ZIP 924 N. Magnolia Avenue, Suite 250
Orlando, FL 32803

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.

407/835-7501

SIGNATURE:

SPAN/PUZ/RECEIVED

M. Douglas Borko

1/7/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)