

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004185

1. Entity Name

UNIVERSITY COMMUNITY BAPTIST CHURCH, INC.

FILED

Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90023 049 ****61.25

Principal Place of Business

Mailing Address

2909 DEAN RIDGE RD.
ORLANDO FL 32825

2909 DEAN RIDGE RD.
ORLANDO FL 32825-8702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3264175

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, JAMES H
2909 DEAN RIDGE RD.
ORLANDO FL 32825

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	D	CLARK, JAMES H	2909 DEAN RIDGE RD. ORLANDO FL 32825	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	D	SOWERBY, JIM	5863 STONEWALL JACKSON RD. ORLANDO FL 32807	<input checked="" type="checkbox"/>		D	Hill, Bill	10249 NEVERSINK CT ORLANDO, Florida 32817	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	D	WALTON, PETE	1053 SHAFFER TRAIL OVIEDO FL 32765	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Rev. James H. Clark

Date

Daytime Phone #

CR2E037 (9/99)