

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90115 022 *****61.25

0027718

DOCUMENT # N94000004185

1. Entity Name

UNIVERSITY COMMUNITY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

2909 DEAN RIDGE RD.
 ORLANDO FL 32825

2909 DEAN RIDGE RD.
 ORLANDO FL 32825

2. Principal Place of Business

Mailing Address

14132 Cheval Vineyard Way
 Suite, Apt. #, etc.
 #101

14132 Cheval Vineyard Way
 Suite, Apt. #, etc.
 #101

City & State

City & State

Orlando, FLA

Orlando, FLA

Zip

Country

32828

USA

Zip

Country

32828

USA

6. Name and Address of Current Registered Agent

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

4. FEI Number

59-3264175

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

Name

JAMES H. CLARK (Same)

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

14132 Cheval Vineyard Way

#101

City

Orlando

FL

Zip Code

32828

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, typed or printed name of registered agent and title if applicable.
 Signature: James H. Clark James H. CLARK

DATE: 4/4/01

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	D	<input type="checkbox"/> Delete
NAME	CLARK, JAMES H	
STREET ADDRESS	2909 DEAN RIDGE RD.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTON, PETE	
STREET ADDRESS	1053 SHAFFER TRAIL	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, BILL	
STREET ADDRESS	10249 NEVERSINK CT	
CITY-ST-ZIP	ORLANDO FL 32817	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James H. Clark	
STREET ADDRESS	14132 Cheval Vineyard Way #101	
CITY-ST-ZIP	Orlando, FLA. 32828	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: James H. Clark
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4/4/01
 DAYTIME PHONE #: 407-384-2981

CR2E037 (10/00)