

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90120 046 ****61.25

DOCUMENT # N95000005257

1. Entity Name

ORLANDO VINEYARD CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business

Mailing Address

934 N MAGNOLIA AVE
 STE 307
 ORLANDO FL 32803
 US

934 N MAGNOLIA AVE
 STE 307
 ORLANDO FL 32803-3889
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3337588

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

MCDONALD, MICHAEL M
541 TUTEN TRAIL
ORLANDO FL 32828

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 ☐ Delete
 NAME P/D
 STREET ADDRESS MCDONALD, MICHAEL M.
 CITY-ST-ZIP 541 TUTEN TRAIL
 ORLANDO FL 32828

TITLE ☒ Change ☐ Addition
 NAME P/D
 STREET ADDRESS MCDONALD, MICHAEL M.
 CITY-ST-ZIP 541 TUTEN TRAIL
 ORLANDO, FL 32828

TITLE ☐ Delete
 NAME D/T
 STREET ADDRESS MCDONALD, PAM
 CITY-ST-ZIP 541 TUTEN TRAIL
 ORLANDO FL 32828

TITLE ☒ Change ☐ Addition
 NAME D
 STREET ADDRESS MCDONALD, PAM
 CITY-ST-ZIP 541 TUTEN TRAIL
 ORLANDO, FL 32828

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MILLS, JASON
 CITY-ST-ZIP 6000 LONG PEAK DR
 ORLANDO FL 32810

TITLE ☒ Change ☐ Addition
 NAME D/T
 STREET ADDRESS MILLS, JASON
 CITY-ST-ZIP 6000 LONG PEAK DR
 ORLANDO, FL 32810

TITLE ☐ Delete
 NAME D
 STREET ADDRESS LEEDY, ROBERT
 CITY-ST-ZIP 1751 CHEYENE
 MAITLAND FL 32751

TITLE ☒ Change ☐ Addition
 NAME V/D
 STREET ADDRESS LEEDY, ROBERT
 CITY-ST-ZIP 1751 CHEYENE
 MAITLAND, FL 32751

TITLE ☐ Delete
 NAME D
 STREET ADDRESS POLOZOLA, JOE
 CITY-ST-ZIP 1079 CRUMPET CT
 LONGWOOD FL 32779

TITLE ☐ Change ☒ Addition
 NAME S
 STREET ADDRESS MULLINS, DANIEL
 CITY-ST-ZIP 934 NORTH MAGNOLIA AVENUE, SUITE 307
 ORLANDO, FL 32803

TITLE ☐ Delete
 NAME D
 STREET ADDRESS GOMEZ, GALO
 CITY-ST-ZIP 1709 MOSELLE AVE
 ORLANDO FL 32807

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.

SIGNATURE: DANIEL MULLINS, SECRETARY 1/17/2000 (407)426-0510

CR2E037 (9/99)