

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90063 017 *****61.25

0026075

DOCUMENT # N95000005257

1. Entity Name

ORLANDO VINEYARD CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business

934 N MAGNOLIA AVE
 STE 307
 ORLANDO FL 32803
 US

Mailing Address

934 N MAGNOLIA AVE
 STE 307
 ORLANDO FL 32803
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3337588

Applied For

Not Applicable

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

TITLE **D**
 NAME **LAWSON, ALAN** ☐ Change ☒ Addition
 STREET ADDRESS **5519 GROSS COURT**
 CITY-ST-ZIP **ORLANDO, FL 32810**

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

TITLE **S**
 NAME **MULLINS, DANIEL** ☐ Change ☒ Addition
 STREET ADDRESS **1424 NORTH GUMBOY AVENUE**
 CITY-ST-ZIP **ORLANDO, FL 32803**

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

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

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

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DANIEL MULLINS **4/17/2001** **(407)426-0510**

CR2E037 (10/00)