

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002123

1. Entity Name

MOUNT ZION ORIGINAL GLORIOUS CHURCH OF GOD IN CH

**FILED**  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90180 029 \*\*\*\*61.25

Principal Place of Business

400 N. PINE HILL ROAD  
ORLANDO FL 32811

Mailing Address

1911 POWERS DRIVE  
ORLANDO FL 32818

2. Principal Place of Business

400 N. Pine Hill Road

3. Mailing Address

1911 Powers Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL.

City & State

Orlando, FL.

4. FEI Number

59-3527143

Applied For

Not Applicable

Zip

32811

Country

Orange

Zip

32818

Country

Orange

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

SCOTT, THELMA  
1911 POWERS DRIVE  
ORLANDO FL 32818

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

(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  
D  
SCOTT-THOMAS, EILEEN  
7179 BLAIR DRIVE  
ORLANDO FL 32818 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FAIL, DIANE  
3298 WOODBRIDGE LANE  
ORLANDO FL 32808 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
O  
BROWN, AQUINIS  
5303 FERN COURT  
ORLANDO FL 32808 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FAIL, ERIC  
3298 WOODBRIDGE LANE  
ORLANDO FL 32808 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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]* SIGNATURE REQUIRED

CR2E037 (10/00)