

**2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **N99000002878**

1. Entity Name

**ORLANDO VICTORY UNITED CHURCH OF CHRIST, INC.****FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90058 022 \*\*\*\*70.00

Principal Place of Business	Mailing Address
2200 SILVER STAR ROAD ORLANDO FL 32804	2200 SILVER STAR ROAD ORLANDO FL 32804

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
<b>59-3596124</b>	Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ARUGU, ODIATOR 1999 WEST COLONIAL DRIVE SUITE 213 ORLANDO FL 32804

7. Name and Address of New Registered Agent
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
<table><tr><td>TITLE</td><td>P</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>HOLT, LEONARD O</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2704 CULLEN'S CT.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>OCFEE FL 34761</td><td></td></tr></table>	TITLE	P	<input type="checkbox"/> Delete	NAME	HOLT, LEONARD O		STREET ADDRESS	2704 CULLEN'S CT.		CITY-ST-ZIP	OCFEE FL 34761		<table><tr><td>TITLE</td><td>Treasurer</td><td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>Jacques Petite</td><td></td></tr><tr><td>STREET ADDRESS</td><td>4156 Minoso Street</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>Orlando, FL 32811</td><td></td></tr></table>	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Jacques Petite		STREET ADDRESS	4156 Minoso Street		CITY-ST-ZIP	Orlando, FL 32811	
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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 #

2-18-01 4072951866

CR2E037 (10/00)