

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007557

1. Entity Name

ANTILLES EPISCOPAL CONFERENCE, INC.

**FILED**  
**Aug 30, 2000 8:00 am**  
**Secretary of State**

08-30-2000 90005 040 \*\*\*\*61.25

Principal Place of Business

PO BOX 8  
 MANDEVILLE JAMAICA W INDIES  
 OC

Mailing Address

PO BOX 8  
 MANDEVILLE JAMAICA W INDIES  
 OC

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

DORSEY, NORBERT M  
 421 E ROBINSON ST  
 ORLANDO FL 32801

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

*Norbert M. Dorsey*

**8-18-2000**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Norbert M. Dorsey, Bishop, Diocese of Orlando

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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

TITLE **D** ☐ Delete  
 NAME **CLARKE, EDGERTON R REV**  
 STREET ADDRESS **PO BOX 8**  
 CITY-ST-ZIP **MANDEVILLE JAMAICA W INDIES**

TITLE **D** ☐ Delete  
 NAME **BURKE, LAWRENCE**  
 STREET ADDRESS **PO BOX 8**  
 CITY-ST-ZIP **MANDEVILLE JAMAICA W INDIES**

TITLE **D** ☐ Delete  
 NAME **BOYLE, PAUL M REV**  
 STREET ADDRESS **PO BOX 8**  
 CITY-ST-ZIP **MANDEVILLE JAMAICA W INDIES**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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 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 line empowered.

SIGNATURE:

*Paul M. Boyle* **PAUL M. BOYLE** **July 18, 00/876-962-1269**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)