# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Aug 02, 2000 8:00 am**
**Secretary of State**
08-02-2000 90151 046 ****61.25

DOCUMENT # 703409

1. Entity Name

GOOD SHEPHERD LUTHERAN CHURCH OF TAMPA, FLORIDA, ✓

| Principal Place of Business | Mailing Address |
|---|---|
| 501 S. DALE MABRY<br>TAMPA FL 33609 | 501 S. DALE MABRY<br>TAMPA FL 33609 |

DO NOT WRITE IN THIS SPACE

| 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 59-0910351 ☐ 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 |
|---|---|
| SCHAEFER, ROBERT G.<br>4848 FOXHIRE CIR<br>TAMPA FL 33624 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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**
**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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ROY, RAY<br>5000 W POE AVE<br>TAMPA FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DAVIS, DAVID G.<br>2602 S. TORONTO ST.<br>TAMPA, FL 33629 | ☒ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>EDDINGS, MARTHA<br>4109 W BAY VISTA AVE<br>TAMPA FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>PAT TRACHSEL<br>3909 W. SAN CARLOS ST.<br>TAMPA, FL 33629 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>ZISKA, RONALD E.<br>2306 S OCCIDENT ST<br>TAMPA FL 33629 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>DEBRA K. SMIETANSKI<br>2913 FAIR OAKS AVE<br>TAMPA, FL 33611 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DAVIS, DAVID G.<br>2602 S TORONTO ST<br>TAMPA FL 33629 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>ANDERSON, DAVID<br>4509 W. VASCONIA ST.<br>TAMPA FL 33629 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>RICHARDSON, SANDRA<br>6212 W. HAROLD AVE<br>TAMPA FL 33616 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

SAME

CR2E037 (5/00)

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] Treasurer 7/24/00 813-226-1231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #