

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734105

1. Entity Name

UNIVERSITY EVANGELICAL LUTHERAN CHURCH, INCORPOR

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90238 046 \*\*\*\*61.25

Principal Place of Business 1826 WEST UNIVERSITY AVENUE GAINESVILLE FL 32603	Mailing Address 1826 WEST UNIVERSITY AVENUE GAINESVILLE FL 32603-1838
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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 <b>59-1091078</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  SAARELA, JACK A (REV) 6002 N.W. 35 PL. GAINESVILLE FL 32606		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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. <input type="checkbox"/> <b>\$5.00</b> 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	
TITLE D	SAARELA, JACK A (REV) 6002 N.W. 35 PL GAINESVILLE FL	TITLE PD	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VD	EVANS, CARY 4400 S W 20TH AVENUE, LOT 182 GAINESVILLE FL 32607	TITLE VD	Vibeke Vala 3432 NW 11 Ave Gainesville FL 32605
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE PD	FUGMANN, RUTH 1137 NW 107TH TERR GAINESVILLE FL 32608	TITLE SD	Vickie Ann Johanson 4027 NW 34 Terr Gainesville FL 32605
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE TD	BRANDNER, EUGENE 927 NW 36TH RD GAINESVILLE FL 32609	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE TD	KOMAROMY, ANDRAS 5508 S W 190 STREET ARCHER FL 32618	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 like empowered.

SIGNATURE: Sig... REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)