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

## Mar 27, 2001 8:00 am **DOCUMENT # 734105 Secretary of State** UNIVERSITY EVANGELICAL LUTHERAN CHURCH, INCORPOR 03-27-2001 90017 017 \*\*\*\*61.25 Principal Place of Business Mailing Address 1826 WEST UNIVERSITY AVENUE 1826 WEST UNIVERSITY AVENUE GAINESVILLE FL 32603 GAINESVILLE FL 32603 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1091078 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) SAARELA, JACK A (REV) 6002 N.W. 35 PL. **GAINESVILLE FL 32606** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change Addition SAARELA, JACK A (REV) NAME NAME 6002 N.W. 35 PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL TITLE Delete TITLE ☐ Change Addition **EVANS, CARY** NAME NAME 4400 S W 20TH AVENUE, LOT 182 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32607 VD TITLE Delete TITLE ☐ Change ☐ Addition VALA, VIBEKE NAME NAME STREET ADDRESS 3432 NW 11 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32605** Addition TITLE Delete TITLE Ronald B. Bauldree BRANDNER, EUGENE NAME NAME 927 NW 36TH RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32609 CITY-ST-ZIP Gainesville F132605 Delete TITLE TITLE ☐ 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 addre

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CITY-ST-ZIP TITLE

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JOHANSON, VICKIE A

**GAINESVILLE FL 32605** 

4027 NW 34 TERR

☐ Delete

☐ Change

☐ Addition