

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90089 010 \*\*\*\*61.25

**DOCUMENT # 734105**

1. Entity Name

**UNIVERSITY EVANGELICAL LUTHERAN CHURCH, INCORPORATED**

Principal Place of Business

Mailing Address

1826 WEST UNIVERSITY AVENUE  
 GAINESVILLE FL 32603

1826 WEST UNIVERSITY AVENUE  
 GAINESVILLE FL 32603

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1091078**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SAARELA, JACK A (REV)**  
**6002 N.W. 35 PL**  
**GAINESVILLE FL 32606**

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.

**\$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 **D**  Delete  
 NAME **SAARELA, JACK A (REV)**  
 STREET ADDRESS **6002 N.W. 35 PL**  
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE **VD**  Change  Addition  
 NAME **ALVIN Schilling**  
 STREET ADDRESS **8032 SW 51 Lane**  
 CITY-ST-ZIP **Gainesville FL 32608**

TITLE **PD**  Delete  
 NAME **EVANS, CARY**  
 STREET ADDRESS **4400 S W 20TH AVENUE, LOT 182**  
 CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE **SD**  Change  Addition  
 NAME **Charles Hutcheson**  
 STREET ADDRESS **4009 NW 67 PL**  
 CITY-ST-ZIP **Gainesville FL 32606**

TITLE **VD**  Delete  
 NAME **VALA, VIBEKE**  
 STREET ADDRESS **3432 NW 11 AVE**  
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **PD**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **BOULDREE, RONALD B**  
 STREET ADDRESS **1210 NW 34 STREET**  
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **TD**  Change  Addition  
 NAME **Eugene Brandner**  
 STREET ADDRESS **927 NW 36 Rd**  
 CITY-ST-ZIP **Gainesville FL 32609**

TITLE **SD**  Delete  
 NAME **JOHANSON, VICKIE A**  
 STREET ADDRESS **4027 NW 34 TERR**  
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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:

*Signature of Ronald B. Bouldree*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/02

Date

392-3715

Daytime Phone #

CR2E037 (9/01)