

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 740569**

1. Entity Name

HOLY CROSS LUTHERAN CHURCH OF NORTH MIAMI, FLORI

FILED

00 APR -3 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

650 NE 135TH ST.

650 NE 135TH ST.

NORTH MIAMI-FL 33161

NORTH MIAMI-FL 33161-7519



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0760214

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BARTELS, DENNIS L REV.
650 NE 135TH ST.
NORTH MIAMI FL 33161

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	OETTING, WILLIAM D	650 NE 135 STREET	N MIAMI FL 33161				
VD	ROSSOW, JAY	650 NE 135 STREET	N MIAMI FL 33161				
SD	KUROSOKY, NANCY	650 NE 135 STREET	N MIAMI FL				
T	NASH, GEOFFREY D	650 NE 135 STREET	N MIAMI FL 33161				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/00 (305) 893-0851

CR2E037 (9/99)

KE