

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 844440

1. Entity Name

LUTHERAN CHURCH EXTENSION FUND-MISSOURI SYNOD

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90025 024 ****61.25

Principal Place of Business

Mailing Address

SUNSET CORPORATE CENTER
10733 SUNSET OFFICE DR
SUNSET HILL MO 63127-1219
US

P. O. BOX 229009
ST LOUIS MO 63122-9009
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-1151795

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 ☐ Delete
NAME V
STREET ADDRESS WENDT, GERALD E.
CITY-ST-ZIP 10733 SUNSET OFFICE DR
SUNSET HILLS MO 63127

☐ Change ☐ Addition
NAME See Exhibits A and B
STREET ADDRESS for complete listing
CITY-ST-ZIP

TITLE ☐ Delete
NAME TD
STREET ADDRESS SELL, NORMAN D
CITY-ST-ZIP 10733 SUNSET OFFICE DR
SUNSET HILLS MO 63127

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SD
STREET ADDRESS TEWS, HANS W
CITY-ST-ZIP 1508 SPRING LAKE DR
ORLANDO FL

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME V
STREET ADDRESS HELFRICH, TOM
CITY-ST-ZIP 10733 SUNSET OFFICE DR
SUNSET HILLS MO 63127

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS SCHUMACHER, JON
CITY-ST-ZIP 2020 BURNWOOD CT
BROOKFIELD WI 53045

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS BRYANT, VICTOR
CITY-ST-ZIP 10733 SUNSET OFFICE DR
SUNSET HILLS MO 63127

☐ 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: *Brad Buczek* **BRAD BUCZEK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2000

(314) 965-9917

Daytime Phone #

CR2E037 (9/99)