

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700634

1. Entity Name

NORTHDAL E VANGELICAL LUTHERAN CHURCH, INCORPORA

Principal Place of Business

Mailing Address

15709 MAPLEDALE BLVD.  
TAMPA FL 33624  
US

15709 MAPLEDALE BLVD.  
TAMPA FL 33624-1243  
US

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

59-2379252

Applied For

Not Applied For

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

KRAUSS, ELMER J.  
5215 W. LAUREL ST.  
SUITE 200  
TAMPA, FLORIDA EDF 33607

Name DAVID W. HARTWIG  
Street Address (P.O. Box Number is Not Acceptable)  
12004 MIDDLEBURY DR.  
T  
City TAMPA FL Zip Code 33626

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

*David W. Hartwig*

DAVID W. HARTWIG

1-9-2000

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KUHL, GENE	
STREET ADDRESS	4205 ARBORWOOD DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHOFER, BILL	
STREET ADDRESS	2803 W. KENMORE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ORRIE, ANDERSON	
STREET ADDRESS	21805 OCEAN PINES DR.	
CITY-ST-ZIP	LAND-O-LAKES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARTWIG, DAVID	
STREET ADDRESS	12004 MIDDLEBURY DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KIM, JOHN J	
STREET ADDRESS	135 SE 21 AVE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	JOHNSON, JIM	
STREET ADDRESS	6004 COUNTRY CLUB RD	
CITY-ST-ZIP	WEEKLEY CHAPEL, FL 33544	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*John Kim*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN KIM TREASURER

1/9/2000 (813) 253-4931

Date

Daytime Phone #

FILED  
Feb 05, 2000 8:00 am  
Secretary of State

02-05-2000 90034 045 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE