

2000 UNIFORM BUSINESS REPORT (UBR)

2/21/00-90030-009-\$70.00-\$70.00

DOCUMENT # 701739

1. Entity Name

ASCENSION LUTHERAN CHURCH OF CASSELBERRY, INC.

Principal Place of Business

Mailing Address

351 ASCENSION DRIVE
CASSELBERRY FL 32707-3801

351 ASCENSION DRIVE
CASSELBERRY FL 32707-3801

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

59-6140406

Applied For

Not Applicable

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

NEUBAUER, RICHARD
304 WYNHAM WAY
CASSELBERRY FL 32707

Name

DUANE MASSOLL

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

500 MORNING DOVE CIRCLE

City

LAKE MARY

FL

Zip Code

32746

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

Duane Massoll

Duane Massoll

3/19/00

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	NEUBAUER, RICHARD	
STREET ADDRESS	304 WYNHAM WAY	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MASSOL, MARY A	
STREET ADDRESS	500 MORNING DOVE CIRCLE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRAVES, CAROL	
STREET ADDRESS	515 SUNRISE DRIVE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ISAACSON, DAVID	
STREET ADDRESS	673 BARRINGTON CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUANE MASSOLL	
STREET ADDRESS	500 MORNING DOVE CIRCLE	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER W. McDONNELL	
STREET ADDRESS	865 COPPERFIELD TERRACE	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-2000 4078317784

CR2E037 (9/99)