

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702213

1. Entity Name

REDEEMER LUTHERAN CHURCH AND SCHOOL, INC.

Principal Place of Business

Mailing Address

2450 SE OCEAN BLVD  
STUART FL 34996

2450 SE OCEAN BLVD  
STUART FL 34996

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

59-1273436

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

HAMANN, WILFRED  
2367 SW DANFORTH CIRCLE  
PALM CITY FL 34990

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ED  
HAMANN, WILFRED  
2367 SW DANFORTH CIRCLE  
PALM CITY FL 34990

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S  
CARPP, EARL  
7866 MYRICA LANE  
HOBE SOUND FL 33455

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T  
BOETTGER, MARILYN  
2555 MORNINGSIDE BLVD.  
PORT ST. LUCIE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

AED  
BEWERSDORF, MARVIN  
4111 SW EGRET POND TERRACE  
PALM CITY FL 34990

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

AED  
MADLER, DENNIS  
1230 PARKVIEW PLACE #D-8  
STUART FL 34994

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

AED  
MANDEHR, NORMAN  
4045 NW CINNAMON CIRCLE  
JENSEN BEACH, FL 34957

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

Wilfred Hamann

1/24/02

561-781-6236

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)