

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2001 8:00 am
Secretary of State

06-26-2001 90008 044 ****61.25

DOCUMENT # 703009

1. Entity Name

LUTHERAN SCHOOL ASSOCIATION OF BROWARD COUNTY, F



Principal Place of Business

Mailing Address

110 SW 11TH ST.
 FT LAUDERDALE FL 33315

110 SW 11TH ST.
 FT LAUDERDALE FL 33315

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

59-0939369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERRY, CLIFF
2100 S. OCEAN DRIVE #7K
FT. LAUDERDALE FL 33316

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	D	<input type="checkbox"/> Delete
NAME	SIDORSKI, SANDRA	
STREET ADDRESS	6011 BAYVIEW DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TREBER, MARCIA	
STREET ADDRESS	3900 NE 21ST ST	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	METROVICH, LAVON	
STREET ADDRESS	3020 CENTER AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	BACHAN, ERNEST	
STREET ADDRESS	1748 NW 36 CT	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE	P	<input type="checkbox"/> Delete
NAME	ABEL, DOROTHY	
STREET ADDRESS	2615 N.E. 49TH ST. #105	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABEL, LOUIS	
STREET ADDRESS	730 N.E. 47 CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debbie Chizmar	
STREET ADDRESS	110 SW 11 ST	
CITY-ST-ZIP	FT LAUD. FL 33315	
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:

SANDRA SIDORSKI 6-20-01 934-463-7771

0046790

CR2E037 (10/00)