

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703085

1. Entity Name

THE CATHEDRAL CHURCH OF ST. LUKE, INC.

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

03-03-2000 90241 038 ****61.25

Principal Place of Business Mailing Address
130 N. MAGNOLIA AVE. 130 N. MAGNOLIA AVE.
P. O. BOX 2328 P. O. BOX 2328
ORLANDO FL 32801 ORLANDO FL 32801-2300

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 59-0624374 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

LOBS, III R
336 OAK ESTATES DRIVE
ORLANDO FL 32806

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 *H. Rull Lobos* (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	PETERSEN, LEON	
STREET ADDRESS	4908 WATERMITCH POINT DR	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NEUMYER, JUDITH	
STREET ADDRESS	3508 MARSTORI DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D.	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, JUDITH	
STREET ADDRESS	2118 RIVER PARK BLVD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOWE, JOHN W	
STREET ADDRESS	1017 E. ROBINSON ST.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Lang, Marilyn	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	816 S. Summerlin Ave.	
STREET ADDRESS	Orlando, FL 32806-1356	
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: *[Signature]* 2-23-00 401-277-3449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)