## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # 703812** Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** APOSTLES LUTHERAN CHURCH OF BRANDON, FLORIDA, IN 01-19-2000 90298 023 \*\*\*\*61.25 Principal Place of Business Mailing Address 200 N KINGSWAY ROAD 200 N KINGSWAY ROAD BRANDON FL 33510 BRANDON FL 33510-4604 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-6553141 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BEISCKER, RON 2208 OAK CLIFF COURT VALRICO FL 33594 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11, ☐ Addition Delete TITLE Change TITLE NAME CHUBBS, NORM NAME STREET ADDRESS STREET ADDRESS 140 MORROW CIRCLE CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33510 Addition TITLE Delete TITLE NAME NAME HORNE, WILLIAM STREET ADDRESS 3004 STARMOUNT DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME DIODATE, DAVID STREET ADDRESS STREET ADDRESS 1204 SANDELWOOD DR. CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33564 Delete ☐ Change Addition TITLE TITLE -0----JOHNSON, KAREN NAME NAME STREET ADDRESS STREET ADDRESS 3125 BLOOMINGDALE VILLAS CITY-ST-ZIP CITY-ST-ZIP Brandon Fl ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME BOEHN, ANNE STREET ADDRESS STREET ADDRESS 2508 LAURELWOOD LN CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS ## 企計 如Pa. 引起处理 等方型输出 U CÍTY-ST-ZIÐ 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 Davime Phone \*