

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713522

1. Entity Name

GRACE EVANGELICAL LUTHERAN CHURCH, THE LUTHERAN

Principal Place of Business

Mailing Address

1801 NE 13TH ST
FORT LAUDERDALE FL 33304

1801 NE 13TH ST
FORT LAUDERDALE FLA 33304-1819

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

59-0803202

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

EARHART, GEROGE
1801 NE 13TH ST
FT6 LAUDERDALE FL 33304

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 P ☐ Delete
NAME COCHRAN, BLAIR
STREET ADDRESS 1220 NE 3 ST #205
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME BASE, ERIC
STREET ADDRESS 2709 N.E. 25TH CT.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☒ Change ☐ Addition
NAME Virginia Spear
STREET ADDRESS 2318 Cypress Bend Dr. South
CITY-ST-ZIP Pompano Beach, FL 33069

TITLE S ☐ Delete
NAME BELLHORN, CAROL
STREET ADDRESS 1521 NW 1 AVE
CITY-ST-ZIP FT LAUDERDALE FL 33311

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME JACOBI, ROBERT A
STREET ADDRESS 2824 NE 26 ST
CITY-ST-ZIP FT LAUDERDALE FL 33305

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME CRUSE, SHIRLEY
STREET ADDRESS 2314 CYPRESS BEND DR S 611
CITY-ST-ZIP POMPANO BCH FL 33069

TITLE D ☒ Change ☐ Addition
NAME Michael Murphy
STREET ADDRESS 741 NW 34 Street
CITY-ST-ZIP Oakland Park, FL 33309

TITLE D ☐ Delete
NAME RUSSELL, WILLIAM
STREET ADDRESS 200 NE 22ND STREET
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-00 / 954-565-5768
Date Daytime Phone #

CR2E037 (9/99)