

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720001

1. Entity Name

HOLY CROSS EVANGELICAL LUTHERAN CHURCH, INC., OF

Principal Place of Business

Mailing Address

6193 SPRING HILL DRIVE
SPRING HILL FL 34606

6193 SPRING HILL DRIVE
SPRING HILL FL 34606-4633

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARRETT, RONALD P
6193 SPRING HILL DRIVE
SPRING HILL FL 34606

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 VD ☒ Delete
NAME BLANKED, PAUL
STREET ADDRESS 8132 SUMMERSONG CT.
CITY-ST-ZIP SPRING HILL FL 34606

TITLE Iversen, Edward ☒ Change ☐ Addition
NAME 6064 Airmont Dr.
STREET ADDRESS Spring Hill, FL 34606
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME SCHNEIDER, ROBERT
STREET ADDRESS 7353 DOGWOOD CRESCENT
CITY-ST-ZIP SPRING HILL FL 34607

TITLE Taylor, Elsie ☒ Change ☐ Addition
NAME 6450 Sealawn Dr.
STREET ADDRESS Spring Hill, FL 34606
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME DAVIS, ANNA
STREET ADDRESS 1373 HAULOVER AVE.
CITY-ST-ZIP SPRING HILL FL 34608

TITLE Johnson, Janet ☒ Change ☐ Addition
NAME 4354 Burnberry Glen Ct.
STREET ADDRESS Brooksville, FL 34609
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Ronald P. Garrett

Ronald P. Garrett

April 4, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90111 002 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1346091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required