

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732568

1. Entity Name

ST. PAUL'S EVANGELICAL LUTHERAN CHURCH, INC.

Principal Place of Business

6150 N. LECANTO HIGHWAY
BEVERLY HILLS FL 34465
US

Mailing Address

6150 N. LECANTO HIGHWAY
BEVERLY HILLS FL 34465-2507
US

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

59-1552671

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

JOHNSTON, PETER C
6 BEVERLY HILL BLVD
BEVERLY HILLS FL 34465

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
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
LEINBERGER, ALLEN
2649 W. MESA VERDE DR.
BEVERLY HILLS FL 34465 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
JOHNSTON, PETER
2720 W. ANTIOCH LANE
LECANTO FL 34461 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
JOHN HAMBEL
9297 N. KATHLEEN TR.
DUNNELLON, FL. 34433 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
KRZEMINSKI, LEO
1419 CHATSWORTH PT
LECANTO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
1419 CHATSWORTH PT

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
JOHNSTON, ROBERT
39 S. TYLER ST.
BEVERLY HILLS FL 34465 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
9242 N. COMMODORE DR.
CITRUS SPRINGS, FL. 34434

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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

Daytime Phone #

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90137 025 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

352 527-0735
8 March 2000