## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** DOCUMENT # **735385** Mar 28, 2000 8:00 am 1. Entity Name **Secretary of State** LATVIAN EVANGELICAL LUTHERAN CHURCH OF SOUTH FLO 03-28-2000 90052 033 \*\*\*\*61.25 Mailing Address Principal Place of Business 1427 E HILLSBORO BLVD 1427 E HILLSBORO BLVD **APT 625 APT 625** DEERFIELD BEACH FL 33441-4214 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1930883 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **VENTS, JANIS** 1427 E HILLSBORO BLVD **APT 625** Zip Code City FI **DEERFIELD BEACH FL 33441** 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) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. П Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME VENTES, JANIS STREET ADDRESS STREET ADDRESS 1427 E. HILLSBORO APT 625 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH FL ☐ Addition Delete TITLE TITLE SD SDNAME NAME Dzidra DZENIS STREET ADDRESS STREET ADDRESS 333 Tacoma Lane, Palm Beach Shores CITY-ST-ZIP CITY-ST-ZIP $\overline{ ext{VD}}$ Delete TITLE TITLE Arvids DZENIS NAME NAME STREET ADDRESS 333 Tacoma Lane, Palm Beach Shores STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Florida 33404 Change Addition D ☐ Delete TITLE NAME Brieze, Milda NAME vents, abija STREET ADDRESS STREET ADDRESS 4306 E Tradewind Str. Lauderdale by 1427 E. HILLSBORO BLVD., APT. 625 CITY-ST-ZIP CITY-ST-ZIP the Sea, Florida 33308 DEERFIELD BCH. FL ☐ Addition ☐ Change Delete TITLE TITLE SALFONS Retired NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u> 19-2000</u>

Daytime Phone #