

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90225 041 \*\*\*\*61.25

**DOCUMENT # 735959**

1. Entity Name

**GRACE EVANGELICAL LUTHERAN CHURCH OF BAYONET POINT, FLORIDA, INC.**

Principal Place of Business

**411 MARINER BLVD.  
 SPRING HILL FL 34609**

Mailing Address

**411 MARINER BLVD.  
 SPRING HILL FL 34609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1617285**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**REICH, DANIEL K.  
 1264 MASADA LANE  
 SPRING HILL FL 34608**

Name **BEU, HENRY F.**

Street Address (P.O. Box Number is Not Acceptable)

**4000 EVERETT AVE.**

City

**SPRING HILL**

**FL**

Zip Code

**34609**

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 Henry F. Beu

**BEU, HENRY F. TREASURER**

**FEBRUARY 25, 2002**

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 **SD** ☐ Delete  
 NAME **SCHERSCHEL, ROBERT**  
 STREET ADDRESS **9727 SCEPTER AVE.**  
 CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **GILBERT, ROBERT**  
 STREET ADDRESS **1002 GREENTURF RD.**  
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **VD** ☒ Delete  
 NAME **ANDERSON, ROY JAMES**  
 STREET ADDRESS **12151 CAVERN RD**  
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE **VD** ☒ Change ☐ Addition  
 NAME **KADING, DERALD**  
 STREET ADDRESS **7354 WILLOW BROOK DR.**  
 CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **TD** ☒ Delete  
 NAME **KEMPF, BOB**  
 STREET ADDRESS **3007 OVERVIEW LANE**  
 CITY-ST-ZIP **SPRING HILL FL**

TITLE **TD** ☒ Change ☐ Addition  
 NAME **BEU, HENRY F.**  
 STREET ADDRESS **4000 EVERETT AVE.**  
 CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE **PD** ☒ Delete  
 NAME **SMITH, CLAUDE**  
 STREET ADDRESS **5114 KEYSVILLE AVE**  
 CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE **PD** ☐ Change ☐ Addition  
 NAME **SOULTS, EDWARD**  
 STREET ADDRESS **17207 U.S. 41**  
 CITY-ST-ZIP **SPRING HILL FL 34610**

TITLE **SD** ☐ Delete  
 NAME **KADING, DERALD**  
 STREET ADDRESS **7354**  
 CITY-ST-ZIP **SPRING HILL FL 34606**

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:

**SIGNATURE REQUIRED Henry F. Beu Feb. 25, 2002 352-686-9801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)