

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736743

1. Entity Name

MEMORIAL EVANGELICAL LUTHERAN CHURCH OF ST. AUGU

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90006 021 \*\*\*\*61.25

Principal Place of Business

3375 US #1 SOUTH  
~~P.O. BOX 1034~~  
~~ST AUGUSTINE FL 32085~~

Mailing Address

3375 U S #1 SOUTH  
~~P.O. BOX 1034~~  
~~ST AUGUSTINE FL 32085-1034~~  
US

2. Principal Place of Business

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

32086

Country

4. FEI Number 59-2311622

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

UPCHURCH, HAMILTON D.  
% UPCHURCH, BAILEY & UPCHURCH, ATTYS.  
ATLANTIC BANK BLDG.  
ST. AUGUSTINE FL 32084

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	SD NAPIER, IRENE 611 11TH ST ST AUGUSTINE FL 32084	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARNARD, NANCY J. 2884 KINGS RD ST AUGUSTINE, FL 0	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS MOORE, FRAN 3 MATANZAS CIRCLE ST AUGUSTINE, FL 0	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUEN, TERRIE 3632 LONE WOLF TR ST AUGUSTINE FL 32086	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEEWE, JAMES 3643 FT PERTON CR ST AUGUSTINE FL 32086	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PREUSS, JOHN 443 SEGOVIA RD SAINT AUGUSTINE FL 32086	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEIMER, DANIEL 208 BLUE BIRD LANE ST. AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAM JACOBS 221 VISTA COURT ST. AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ← SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VIRGINIA SIMM 312 14TH STREET ST. AUGUSTINE, FL 32095	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 #

4/10/00 904/824-2881

CR2E037 (9/99)