

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736743

1. Entity Name

MEMORIAL EVANGELICAL LUTHERAN CHURCH OF ST. AUGU

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 32086

US

2. Principal Place of Business

3375 U.S. 1 South

Suite, Apt. #, etc.

3. Mailing Address

3375 US 1 South

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32086

Country

USA

Zip

32086

Country

USA

6. Name and Address of Current Registered Agent

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

4. FEI Number

59-2311622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

TITLE SD
NAME WEIMER, DANIEL
STREET ADDRESS 208 BLUE BIRD LANE
CITY-ST-ZIP ST AUGUSTINE FL 32084 ☐ Delete

TITLE T
NAME BARNARD, NANCY J.
STREET ADDRESS 2884 KINGS RD
CITY-ST-ZIP ST AUGUSTINE, FL 0 ☐ Delete

TITLE FS
NAME MOORE, FRAN
STREET ADDRESS 3 MATANZAS CIRCLE
CITY-ST-ZIP ST AUGUSTINE, FL 0 ☐ Delete

TITLE VD
NAME JACOBS, WILLIAM
STREET ADDRESS 221 VISTA COURT
CITY-ST-ZIP SAINT AUGUSTINE FL 32084 ☐ Delete

TITLE D
NAME LEEWE, JAMES
STREET ADDRESS 3643 FT PERTON CR
CITY-ST-ZIP ST AUGUSTINE FL 32086 ☒ Delete

TITLE PD
NAME VIRGINIA, SINN
STREET ADDRESS 312 14 STREET
CITY-ST-ZIP SAINT AUGUSTINE FL 32095 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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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 #

1/18/01

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90056 005 ****61.25

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DO NOT WRITE IN THIS SPACE

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