

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737121

1. Entity Name

ST. STEPHEN' LUTHERAN CHURCH OF TALLAH

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90188 024 ****61.25

Principal Place of Business

Mailing Address

2198 NORTH MERIDIAN ROAD
TALLAHASSEE FL 32303-5062

2198 NORTH MERIDIAN ROAD
TALLAHASSEE FL 32303-5062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1688449

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

RANZINGER

RANZINGER, GARY G

2110 WILDRIDGE ROAD

TALLAHASSEE FL 32302-7350

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 **GARY G. RANZINGER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-27-00

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 **D** ☐ Delete

NAME **WARREN, SUSAN**
STREET ADDRESS **3216 YORKTOWN DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32312-2080**

TITLE **PD** ☒ Delete

NAME **STUDENMUND, G. RICHARD**
STREET ADDRESS **300 BEAVER LAKE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32312-9733**

TITLE **D** ☐ Delete

NAME **KASTEN, LEE RICHARD**
STREET ADDRESS **1512 HASOSAW NEN**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **V** ☐ Delete

NAME **DOWD, DONALD**
STREET ADDRESS **718 E COLLEGE AVE**
CITY-ST-ZIP **TALLAHASSEE, FL 00000**

TITLE **TD** ☐ Delete

NAME **MAURICE, JACOBSON I. K.**
STREET ADDRESS **6548 MONTROSE TRAIL**
CITY-ST-ZIP **TALLAHASSEE FL 32308-1620**

TITLE **G. RANZINGER** ☐ Delete

NAME **RANZINGER, GARY G**
STREET ADDRESS **2110 WILDRIDGE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32302-7350**

TITLE ☐ Change ☐ Addition

NAME **PD**
STREET ADDRESS **CHERYL STUART**
CITY-ST-ZIP **5424 DE FOORS ROAD**
TALLAHASSEE, FL 32308-6843

TITLE ☐ Change ☒ Addition

NAME **CHERYL STUART**
STREET ADDRESS **5424 DE FOORS ROAD**
CITY-ST-ZIP **TALLAHASSEE, FL 32308-6843**

TITLE ☐ Change ☐ Addition

NAME **CHERYL STUART**
STREET ADDRESS **5424 DE FOORS ROAD**
CITY-ST-ZIP **TALLAHASSEE, FL 32308-6843**

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STREET ADDRESS **5424 DE FOORS ROAD**
CITY-ST-ZIP **TALLAHASSEE, FL 32308-6843**

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 **GARY G. RANZINGER** **2/27/00**

Date

Daytime Phone #

CR2E037 (9/99)