

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737739

1. Entity Name

INTER-LUTHERAN COUNCIL FOR CONTINUING EDUCATION,

Principal Place of Business

FLORIDA-GEORGIA DISTRICT-LCMS
7207 MONETARY DR.
ORLANDO FL 32809
US

Mailing Address

FLORIDA-GEORGIA DISTRICT-LCMS
7207 MONETARY DR.
ORLANDO FL 32809
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1807482

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEUBAUER, RICHARD G
7207 MONETARY DR.
ORLANDO FL 32809

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
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DOHRMAN, REV. THOMAS
925 W. JEFFERSON ST.
TALL FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MD
HASSOLD, REV. WILLIAM J
1505 CHIPMUNK LN.
OVIEDO FL 32765 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MD
JOHNSON, DR. JOHN F.
301 58TH ST. S.
ST. PETER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
NEUBAUER, RICHARD G
7207 MONETARY DR.
ORLANDO FL 32809 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

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

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:

Richard G. Neubauer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01 (407)699-1033
Date Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90043 033 ****61.25

623468



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)