

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753323

1. Entity Name

CHRISTUS VICTOR LUTHERAN CHURCH, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90064 038 ****61.25

Principal Place of Business

Mailing Address

8812 OLD COUNTY RD 54
NEW PORT RICHEY FL 34653

8812 OLD COUNTY RD 54
NEW PORT RICHEY FL 34653-6423

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2148778

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

FISCHER, JAMES H REV
11722 N EDISON AVE
TAMPA FL 33612

Name

NORDSTIEK, GERALD A JR REV

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

5551 WELLFIELD

City

NEW PORT RICHEY

FL

Zip Code
34655

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 PD ☐ Delete
NAME SILBERMANN, GEORGE
STREET ADDRESS 3040 SAW MILL LANE
CITY-ST-ZIP SPRING HILL FL 34606

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

TITLE SD ☐ Delete
NAME BEYER, DOROTHY
STREET ADDRESS 4100 ANDOVER STREET
CITY-ST-ZIP NEW PORT RICHEY FL

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

TITLE VD ☒ Delete
NAME JOHNSON, JOELLEN
STREET ADDRESS 7506 COVENTRY DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE VD ☒ Change ☐ Addition
NAME ROBERT S. MORRISON
STREET ADDRESS 4220 REVERE CIRCLE
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE TD ☒ Delete
NAME SHARP, SHERWIN M
STREET ADDRESS 4531 WHITTON WAY
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE TD ☒ Change ☐ Addition
NAME RONALD C SHARP
STREET ADDRESS 4531 WHITTON WAY
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Ronald C Sharp RONALD C SHARP, TREASURER

2-4-2000

(727) 372-8254

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)