

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90015 015 ****70.00

DOCUMENT # 764234

1. Entity Name
LUTHERAN SERVICES FLORIDA, INC.

Principal Place of Business	Mailing Address
2700 W DR MLK BLVD 3RD FLOOR TAMPA FL 33607 US	2700 W DR MLK BLVD 3RD FLOOR TAMPA FL 33607 US

00020000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. Suite 308 City & State	Suite, Apt. #, etc. Suite 308 City & State
Zip _____ Country _____	Zip _____ Country _____

4. FEI Number **59-2198911** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NUECHTERLEIN, MICHAEL F
CARLTON FIELDS
ONE HARBOUR PLACE
TAMPA FL 33602

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	DT	<input type="checkbox"/> Delete
NAME	GALL, DONALD	
STREET ADDRESS	2700 W DR MLK BLVD 3RD FLOOR	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FRERKING, THE REV JOHN	
STREET ADDRESS	2700 W DR MLK BLVD 3RD FLOOR	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VC	<input type="checkbox"/> Delete
NAME	BOWLES, MARGRET	
STREET ADDRESS	2700 W DR MLK BLVD 3RD FLOOR	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CALDWELL, CLARENCE REV	
STREET ADDRESS	2700 W DR MLK BLVD 3RD FLOOR	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **2/9/2000** **813-875-1202** **X102**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (9/99)