

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90363 018 ***150.00

DOCUMENT # K43020

1. Entity Name

BETHLEHEM LUTHERAN DAY CARE, INC.

Principal Place of Business

**1423 EIGHTH AVENUE NORTH
 JACKSONVILLE BEACH FL 32250**

Mailing Address

**1423 EIGHTH AVENUE NORTH
 JACKSONVILLE BEACH FL 32250**

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

59-2739956

Applied For

Not Applicable

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

**BUCHHEIMER, REV. JOHN R.
 1423 NORTH 8TH AVENUE
 JACKSONVILLE BEACH FL 32250**

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

9. This corporation is eligible to satisfy its Intangible

FILE NOW!!! FEE IS \$150.00

**After MAY 1, 2001* Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution ☐

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
 NAME **BUCHHEIMER, REV. JOHN R.**
 STREET ADDRESS **209 TALWOOD ROAD**
 CITY-ST-ZIP **JACKSONVILLE BCH FL**

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

TITLE **D** ☐ Delete
 NAME **RAHN, EDWARD W.**
 STREET ADDRESS **5442 WOODWIND TERR.**
 CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **D** ☐ Delete
 NAME **CHRIST, GEORGE W.**
 STREET ADDRESS **503 N 17TH AVE.**
 CITY-ST-ZIP **JACKSONVILLE BCH FL**

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

TITLE **PD** ☐ Delete
 NAME **TONN, EUGENE T.**
 STREET ADDRESS **8552 BURKHALL ST.**
 CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **T** ☐ Delete
 NAME **HUNAVY, MARY JO**
 STREET ADDRESS **108 SEAGRAPE DR.**
 CITY-ST-ZIP **JACKSONVILLE BCH FL**

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Jo Hunavy
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-2-01 904249-5418

MARY JO HUNAVY

CR2E034 (10/00)