

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29846

1. Entity Name

ALL SAINTS LUTHERAN CHURCH-HUDSON, INC.

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

03-03-2000 90025 013 ****61.25

Principal Place of Business

Mailing Address

ALL SAINTS LUTHERAN CHURCH
9525 HUDSON AVE.
HUDSON FL 34667
US

C/O THOMAS J. ZANDECKI
9525 HUDSON AVE.
NEW PORT RICHEY FL 34667-4402
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2915473

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

ZANDECKI, THOMAS J.
7627 LITTLE ROAD
SUITE 250
NEW PORT RICHEY FL 34654

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PT ☒ Delete
NAME ZAPKA, SONJA
STREET ADDRESS 9235 DUFFER CT
CITY-ST-ZIP HUDSON FL

TITLE PT ☐ Change ☒ Addition
NAME Eric Neff
STREET ADDRESS 13454 Hays Road
CITY-ST-ZIP Spring Hill, Fl. 34610

TITLE T ☐ Delete
NAME LOHER, DORIS
STREET ADDRESS 7806 RUSTY HOOK CT
CITY-ST-ZIP BAYONET POINT FL 34667

TITLE T ☐ Change ☒ Addition
NAME Ron Stamer
STREET ADDRESS 2275 Country Ridge Lane
CITY-ST-ZIP Spring Hill, Fl. 34606

TITLE S ☐ Delete
NAME STAGG, ELLIE
STREET ADDRESS 8137 CAMPBELL CT
CITY-ST-ZIP NEW PT RICHEY FL 34653

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

TITLE T ☒ Delete
NAME CHASE, DICK
STREET ADDRESS 13931 TALMAGE LOOP
CITY-ST-ZIP HUDSON FL

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

TITLE AT ☐ Delete
NAME CALNAN, BARBARA
STREET ADDRESS 9141 DUFFER CT
CITY-ST-ZIP HUDSON FL 34667

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

TITLE FS ☐ Delete
NAME STAMER, BARBARA
STREET ADDRESS 2275 COUNTRY RIDGE LN
CITY-ST-ZIP SPRING HILL FL 34606

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:

Barbara F. Calnan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/17/2000

Daytime Phone #

727-
862-9525

CR2E037 (9/99)