

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000001018

1. Entity Name

BEAUTIFUL SAVIOR LUTHERAN CHURCH FOUNDATION, INC

Principal Place of Business

7461 PROSPECT RD
SARASOTA FL 34243

Mailing Address

7461 PROSPECT RD
SARASOTA FL 34243

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0390515

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEAUTIFUL SAVIOR LUTHERAN CHURCH, INC.
7461 PROSPECT RD
SARASOTA FL 34243

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 D ☐ Delete
NAME SIMPSON, JACK W
STREET ADDRESS 8636 WOODBRIAR DR
CITY-ST-ZIP SARASOTA FL 34238

TITLE D ☐ Delete
NAME SCHMIDT, CHRIS
STREET ADDRESS 7905 HAMPTON CT
CITY-ST-ZIP UNIVERSITY PARK FL 34201

TITLE D ☐ Delete
NAME MORRIS, DOLLY
STREET ADDRESS 103 43RD ST W
CITY-ST-ZIP BRADENTON FL 34209

TITLE D ☐ Delete
NAME JOHNSON, KIM
STREET ADDRESS 3512 55TH PL
CITY-ST-ZIP BRADENTON FL 34203

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

Gisela M. Morris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gisela M. Morris

4/26/01

Date

941-355-2798

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)