

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003846

1. Entity Name

EMMANUEL LUTHERAN CHURCH ENDOWMENT FOUNDATION, I

FILED

Mar 20, 2000 8:00 am  
Secretary of State

03-20-2000 90011 012 \*\*\*\*61.25

Principal Place of Business

Mailing Address

777 MOORING LINE DR  
NAPLES FL 33940

479 PALO VERDE DR  
NAPLES FL 34119-1804  
US

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

65-0429939

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

GROTH, ROBERT W  
1044 CASTELLO DR #101  
NAPLES FL 33940

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	D - T	<input type="checkbox"/> Delete
NAME	FIELD, ROGER	
STREET ADDRESS	479 PALO VERDE DR	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D - T	<input type="checkbox"/> Delete
NAME	LANGE, MARIAN	
STREET ADDRESS	6060 PELICAN BAY BLVD B-102	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROTH, ROBERT	
STREET ADDRESS	274 MONTEREY DR	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D - P	<input type="checkbox"/> Delete
NAME	SPOONER, MORT	
STREET ADDRESS	20534 GREEN TREE CT	
CITY-ST-ZIP	ESTERO FL 33928-2024	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIELD, DONNA	
STREET ADDRESS	479 PALO VERDE DR	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D - S	<input type="checkbox"/> Delete
NAME	SPOONER, NELSINE	
STREET ADDRESS	20534 GREEN TREE CT	
CITY-ST-ZIP	ESTERO FL 33928-2024	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES McLaughlin	
STREET ADDRESS	7528 SAN MIGUEL WAY	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANE McLaughlin	
STREET ADDRESS	7528 SAN MIGUEL WAY	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESLEY LANGE	
STREET ADDRESS	6060 PELICAN BAY BLVD - B102	
CITY-ST-ZIP	NAPLES FL 34108	
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:

ROGER D. FIELD, TREASURER 3/14/00 (941) 352-9764

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)