

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001869

1. Entity Name

ORLANDO LUTHERAN ACADEMY, INC.

Principal Place of Business

550 N ECONLOCKHATCHEE TR
ORLANDO FL 32825

Mailing Address

550 N ECONLOCKHATCHEE TR
ORLANDO FL 32825

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

OGG, SANDRA L
4704 JAMERSON PLACE
ORLANDO FL 32807

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 PD
NAME ROSE, LYNN
STREET ADDRESS 3013 HARBOUR LANDING WAY
CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Delete

TITLE VPD
NAME STANO, THOMAS
STREET ADDRESS 9018 HAYWOOD COURT
CITY-ST-ZIP ORLANDO FL 32825 ☒ Delete

TITLE SD
NAME OGG, SANDRA L
STREET ADDRESS 4704 JAMERSON PLACE
CITY-ST-ZIP ORLANDO FL 32807 ☐ Delete

TITLE TD
NAME ABER, KATHY
STREET ADDRESS 2016 WOODY DR.
CITY-ST-ZIP WINDMERE FL 34786 ☒ Delete

TITLE P
NAME WUDTKE, CURTIS
STREET ADDRESS 3638 DAVENTRY CT
CITY-ST-ZIP ORLANDO FL 32817 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE Treasurer
NAME Jane Wieke
STREET ADDRESS 9870 Sunderson St.
CITY-ST-ZIP Orlando, FL 32825 ☒ Change ☐ Addition

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wudtke

4/26/01

Date

407-275-7750

Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90008 036 ****61.25

644615



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3236110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)