

# 2002 UNIFORM BUSINESS REPORT (UBR)

2

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90042 031 \*\*\*\*\*61.25

**DOCUMENT # N94002001869**

1. Entity Name

**ORLANDO LUTHERAN ACADEMY, INC.**

Principal Place of Business

Mailing Address

**550 N ECONLOCKHATCHEE TR  
 ORLANDO FL 32825**

**550 N ECONLOCKHATCHEE TR  
 ORLANDO FL 32825**

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

**59-3236110**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**OGG, SANDRA L  
 4704 JAMERSON PLACE  
 ORLANDO FL 32807**

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

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P/D  
 WUDTKE, CURTIS  
 3836 DAVENTRY CT  
 ORLANDO FL 32817** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P/T  
 WUDTKE, CURTIS  
 3836 DAVENTRY CT  
 ORLANDO FL 32817** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**1110 American Rose Parkway  
 32825** ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**T/D  
 WIESE, JANE  
 9870 SUNDERSON ST  
 ORLANDO FL 32825** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V/D  
 JAY Schaefer  
 610 Cambridge Court  
 Longwood, FL 32750** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**S/D  
 William Steiger  
 125 W. Lake Faith Dr.  
 Maitland, FL 32751** ☐ 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Curtis Wudtke**  
 principal

**1/28/02**  
 Date

**407-275-7150**  
 Daytime Phone #

CR2E037 (9/01)