2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004216

1. Entity Name

LUTHERAN CHURCH OF THE CROSS DAY SCHOOL, INC.

FILED
Mar 16, 2000 8:00 am
Secretary of State
03-16-2000 90077 035 ****61.25

Principal Place of Business	Mailing Address
4400 CHANCELLOR ST NE ST. PETERSBURG FL 33703 US	4400 CHANCELLOR ST NE ST. PETERSBURG FL 33703-4314 US

DO NOT WRITE IN THIS SPACE

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 59-3295611 ☐ 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
BUSSEY, JOHN 1625 N DAKOTA AVE N.E. ST. PETERSBURG FL 33703	Name: HOLLY C CARLSON Street Address (P.O. Box Number is Not Acceptable): 588 TALLAHASSEE DR NE City: St. Petersburg FL Zip Code: 33702

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: Holly C Carlson — 3/2/00 (DATE)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	CD KAPUSTA, ROBERT JR 4400 CHANCELLOR ST NE ST PETERSBURG FL 33703	☐ Delete	VCD Kapusta, Robert Jr.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD STROUD, CELESTE 4400 CHANCELLOR ST NE ST PETERSBURG FL 33703	☐ Delete	CD Stroud, Celeste	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PEROZZI, ROBIN 4400 CHANCELLOR ST NE ST PETERSBURG FL 33703	☑ Delete	D Marois, Chris 4400 Chancellor St NE St. Pete FL 33703	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOOD, LISA 4400 CHANCELLOR ST NE ST PETERSBURG FL 33703	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SELBY, KAREN 4400 CHANCELLOR ST NE ST. PETERSBURG FL 33703	☐ Delete	SD Selby, Karen	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOCH, CHARLENE 4400 CHANCELLOR ST NE ST. PETERSBURG FL 33703	☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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: Glenda Turnbull REQUIRED — 3/2/00 (Date) — 727-522-8331 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR