

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005307

1. Entity Name

SOUTHERN LUTHERAN ACADEMY FOUNDATION, INC.

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90109 001 \*\*\*122.50

Principal Place of Business

Mailing Address

992 CHASE HAMMOCK RD  
MERRITT ISLAND FL 32953-703  
US

992 CHASE HAMMOCK RD  
MERRITT ISLAND FL 32953-7703  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2351378

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WICHMANN, LEON  
992 CHASE HAMMOCK ROAD  
MERRITT ISLAND FL 32953

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 ☐ Delete  
NAME KRAUSS, ELMER  
STREET ADDRESS P.O. BOX 23943 N/A  
CITY-ST-ZIP TAMPA FL 33623

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

TITLE D ☐ Delete  
NAME KRANKE, DAVID  
STREET ADDRESS 28215 S US HWY 27  
CITY-ST-ZIP LEESBURG FL 34748-9064

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

TITLE D ☐ Delete  
NAME FABER, CRAIG  
STREET ADDRESS 5011 LIDO STREET  
CITY-ST-ZIP ORLANDO FL 32807

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

TITLE D ☐ Delete  
NAME SCHUPPE, CRAIG  
STREET ADDRESS 2315 COLDSTREAM DRIVE  
CITY-ST-ZIP WINTER PARK FL 32792

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

TITLE D ☐ Delete  
NAME SCHUPPE, DON  
STREET ADDRESS 6448 WYNFREY PLACE  
CITY-ST-ZIP MEMPHIS TN 31820

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

TITLE D ☐ Delete  
NAME SEEGER, RICHARD  
STREET ADDRESS 2625 S. FLORIDA AVE  
CITY-ST-ZIP LAKE LAND FL 33801

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/00 (352) 326-3211

Date

Daytime Phone #

CR2E037 (9/99)