

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006116

1. Entity Name

ST. LUKE THE EVANGELIST CHURCH, INC.

FILED

Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90023 015 ****61.25

Principal Place of Business

Mailing Address

960 S CYPRESS RD
POMPANO FL 33073
US

8162 NW 2ND MAOR
CORAL SPRINGS FL 33071
US

2. Principal Place of Business

3. Mailing Address

5916 PARK DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MARGATE FL

4. FEI Number

65-0541322

Applied For

Not Applied

Zip

Country

Zip

Country

33063

USA
BRUNSWICK

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

ERBELDING, SUSAN
8162 NW 2ND MANOR
CORAL SPRINGS FL 33071

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LUCAS, BARBARA M
8729 FOREST HILLS BLVD
CORAL SPRINGS FL 33065 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ANDERSON, GARY
5720 NW 62 MANOR
PARKLAND FL 33067 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ERBELDING, JOHN II
8162 NW 72ND MANOR
CORAL SPRINGS FL 33071 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HUNTER, CORBETTE W
114 NE 51 COURT
POMPANO BCH FL 33064 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐

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, 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)

2/7/00

Date

954-755-8090

Daytime Phone #