

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004360

1. Entity Name

CONCORDIA LUTHERAN MIDDLE SCHOOL, INC.

Principal Place of Business

5601 HANLEY RD  
TAMPA FL 33634  
US

Mailing Address

5601 HANLEY RD  
TAMPA FL 33634  
US

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

59-3405538

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

GABBERT, TIMOTHY  
5601 HANLEY RD  
TAMPA FL 33634

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  
P REED, ROBERT W 5219 LOWELL RD TAMPA FL 33624 ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
VP RODRIGUEZ, PAULA 3417 W VILLA ROSA TAMPA FL 33611 ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
T BEACH, DAVE 4171 SALTWATER BLVD TAMPA FL 33615 ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D ADMIRE, DARLENE 10011 REGAL WOODS LANE TAMPA FL 33624 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D Secretary Cutler, Tillie 7103 Halifax Ct. Tampa, FL 33615 ☐ Change ☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D VALDEZ, LORI 15109 ROUNDUP DR TAMPA FL 33624 ☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
Director Arnkoff, Don 3437 Shore Ct. Land O' Lakes, FL 34639 ☐ Change ☒ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
D HANJIAN, CHRISTINE 11114 CLAYRIDE DR TAMPA FL 33635 ☐ Delete

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:

*Timothy A. Gabbert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

FILED  
Jan 31, 2001 8:00 am  
Secretary of State

01-31-2001 90014 042 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)