

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90012 041 *****61.25

DOCUMENT # N97000003904

1. Entity Name

CHRIST COMMUNITY LUTHERAN SCHOOL, INC.

Principal Place of Business

Mailing Address

**777 MOORING LINE DR.
 NAPLES FL 34102**

**777 MOORING LINE DR.
 NAPLES FL 34102**

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

65-0806628

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

**GROTH, ROBERT W
 1044 CASTELLO DR., SUITE 101
 NAPLES FL 34103**

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **SEITZ, JAMES**
 CITY-ST-ZIP **6150 CYPRESS HOLLOW WY
 NAPLES FL 34109**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **STOHLER, ERMIL**
 CITY-ST-ZIP **136 FLAME VINE DR.
 NAPLES FL 34110**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **LINDAHL, JEAN**
 CITY-ST-ZIP **2305 PICCADILLY CIRCUS
 NAPLES FL 34112**

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **HANDRICH, JANE**
 CITY-ST-ZIP **2811 CITRUS LAKE DR., J-102
 NAPLES FL 34109**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Thomas, Don**
 CITY-ST-ZIP **1350 Churchill Circle
 Naples, FL 34116**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **LYBERG, AMY**
 CITY-ST-ZIP **7517 LOURDES COURT
 NAPLES FL 34104**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Tracy, James L.**
 CITY-ST-ZIP **4901 18th Court SW
 Naples, FL 34116**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

James D. Seitz **James D. Seitz** 1-9-02 941-436-2655
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

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