

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90191 007 ****61.25

DOCUMENT # 848239

1. Entity Name

BETHESDA LUTHERAN HOMES AND SERVICES, INC.

Principal Place of Business

700 HOFFMANN DRIVE
 WATERTOWN WI 53094
 US

Mailing Address

700 HOFFMANN DRIVE
 WATERTOWN WI 53094
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

39-0806446

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCSWIGAN JAMES A.
251 ROYAL PALM WAY
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	SD	SCHMEDA, CAROLE	N34 W23858 GRACE AVENUE PEWAUKEE WI	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	PD	GANSWINDT, RALPH C	2445 COACH HOUSE DR BROOKFIELD WI	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	TD	REINHOLTZ, STANLEY E.	5026 BAYFIELD TERR MADISON WI	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	AS	GESLE, F DAVOD	700 HOFFMANN DR WATERTOWN WI	<input type="checkbox"/> Delete		AS	GESKE, F.DAVID		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	VD	LOTTMAN, JOHN D	4802 POST OAK TIMBER HOUSTON TX 77056	<input checked="" type="checkbox"/> Delete		VD	JOHN E. BAUER	N55 W15772 LARKSPUR LANE MENOMONEE FALLS, WI 53051	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01 920-261-3050

Date Daytime Phone #

CR2E037 (10/00)