

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91534 032 \*\*\*\*61.25

0014655

**DOCUMENT # N01000002228**

1. Entity Name

**LUTHERAN RETIREMENT CAMPUS OF MERRITT ISLAND CON  
 DOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**280 EAST MERRITT AVENUE  
 MERRITT ISLAND FL 32953**

**280 EAST MERRITT AVENUE  
 MERRITT ISLAND FL 32953**

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

*Applied For*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOSLEY, CURTIS R ESQ.  
 1221 EAST NEW HAVEN AVENUE  
 MELBOURNE FL 32901**

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	<b>PD FLECK, ROGER</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>490 DIANA BLVD.</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32953</b>	
TITLE NAME	<b>VPD COOK, CLARENCE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4155 SAND YSIDRO WAY</b>	
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>	
TITLE NAME	<b>VPD HESSEE, CLAUDE</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>215 GLENGARY AVE.</b>	
CITY-ST-ZIP	<b>MELBOURNE BEACH FL 32951</b>	
TITLE NAME	<b>SD HEATHCOTE, PAULINE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>775 PLANTATION ROAD</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL 32952</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>VPD CRAG HESSEE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>2155 ROYAL OAK DR</b>	
CITY-ST-ZIP	<b>ROCKLEDGE, FL 32955</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>TD BETTY A. HUGHES</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>2080 NEW FOUND HARBOUR DR</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND, FL 32953</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Betty A. Hughes* **REQUIRED** *Betty A. Hughes Treas* *1/21/02 321-452-4070*

CR2E037 (9/01)