

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704355

1. Entity Name

LUTHERAN SERVICES FOR THE ELDERLY, INC.

Principal Place of Business

Mailing Address

201 Curtiss Parkway  
Miami Springs, FL 33166-5291

201 Curtiss Parkway  
Miami Springs, FL 33166-5291

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

59-0976810

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

Cole, William-D.  
201 Curtiss Parkway  
Miami Springs, FL 33166-5291

Name Steven L. Jones, Esquire

Street Address (P.O. Box Number is Not Acceptable)

9999 N.E. Second Avenue, Suite 216

City  
Miami Shores

FL

Zip Code  
33138

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	C/Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schafer, M.C.	
STREET ADDRESS	201 Curtiss Parkway	
CITY-ST-ZIP	Miami Springs, FL 3316-5291	
TITLE	VC/Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Landin, Arlene	
STREET ADDRESS	201 Curtiss Parkway	
CITY-ST-ZIP	Miami Springs, FL 33166-5291	
TITLE	T/Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Windhorst, Pete	
STREET ADDRESS	201 Curtiss Parkway	
CITY-ST-ZIP	Miami Springs, FL 33166-5291	
TITLE	S/Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sanchez Del Valle, Jorge	
STREET ADDRESS	201 Curtiss Parkway	
CITY-ST-ZIP	Miami Springs, FL 33166-5291	
TITLE	Tr	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	King, Barbara	
STREET ADDRESS	201 Curtiss Parkway	
CITY-ST-ZIP	Miami Springs, FL 33166-5291	
TITLE	Tr	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Otto, Ray	
STREET ADDRESS	201 Curtiss Parkway	
CITY-ST-ZIP	Miami Springs, FL 33166-5291	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 12, 2000 8:00 am  
Secretary of State

04-12-2000 90169 039 \*\*\*\*70.00

C0058062

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704355

1. Entity Name

LUTHERAN SERVICES FOR THE ELDERLY, INC.,

Attachment  
00058602  
# 704355

Principal Place of Business

Mailing Address

201 Curtiss Parkway  
Miami Springs, FL 33166-5291

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

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

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**  
**FEES ARE \$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  
STREET ADDRESS  
CITY-ST-ZIP  
CONTINUED FROM PAGE 1 ....

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Tr  
McGregor, Marielene  
201 Curtiss Parkway  
Miami Springs, FL 33166-5291

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Tr  
Thiele, Jonathan  
201 Curtiss Parkway  
Miami Springs, FL 33166-5291

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Tr  
Witte, Kathleen T.  
201 Curtiss Parkway  
Miami Springs, FL 33166-5291

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Exhibit

Continuation of Form 1

CR2E037 (9/99)