

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90064 036 ****70.00

DOCUMENT # 704355

1. Entity Name

LUTHERAN SERVICES FOR THE ELDERLY, INC.

Principal Place of Business

**201 CURTISS PARKWAY
 MIAMI SPRINGS FL 33166-5291**

Mailing Address

**201 CURTISS PARKWAY
 MIAMI SPRINGS FL 33166-5291**

2. Principal Place of Business

1550 MADRUGA AVENUE,

3. Mailing Address

9999 NE 2ND AVENUE

Suite, Apt. #, etc.

SUITE 332

Suite, Apt. #, etc.

SUITE 216

City & State

CORAL GABLES, FL

City & State

MIAMI SHORES, FL

4. FEI Number

59-0976810

Applied For

Not Applicable

Zip

33146

MIAMI DADE

33138

MIAMI DADE

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

**JONES, STEVEN L
 9999 NE SECOND AVENUE STE 216
 MIAMI FL 33138**

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	T MCGREGOR, MARIELENE 201 CURTISS PKWY MIAMI SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT SCHAFFER, M.C. 201 CURTISS PARKWAY MIAMI SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV OTTO, REV RAY 201 CURTISS PARKWAY MIAMI SPRINGS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SANCHEZ, DEL VALLE J 201 CURTISS PKWY MIAMI SPRINGS FL 33166-5291	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANDIN, ARLENE REV. 201 CURTISS PKWY MIAMI SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT WINDHORST, PETE 201 CURTISS PARKWAY MIAMI SPRINGS FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCGREGOR, MARIELENE 255 WESTWARD DRIVE MIAMI SPRINGS, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT SCHAFFER, M.C. 1350 NW 122ND AVE. PEMBROKE PINES, FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SANCHEZ, DEL VALLE J. 1450 BRICKELL BAY DRIVE, PH-1 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV LANDIN, ARLENE REV. 7190 SUNSET DRIVE MIAMI, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT WINDHORST, PETE 13260 SW 105TH STREET MIAMI, FL 33186	<input checked="" 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

704355
719065

11. Additions to Officers and Directors:

TITLE: NAME: STREET ADDRESS: CITY ST ZIP	T KING, BARBARA 1100 IBIS AVENUE MIAMI SPRINGS, FL 33166
TITLE: NAME: STREET ADDRESS: CITY ST ZIP	T WITTE, KATHLEEN T. 22420 SW 180 TH COURT MIAMI, FL 33170
TITLE: NAME: STREET ADDRESS: CITY ST ZIP	T SCHMIDT, REV. DR. A. R. 1075 BASS POINT ROAD MIAMI SPRINGS, FL 33166
TITLE: NAME: STREET ADDRESS: CITY ST ZIP	P COLE, WILLIAM D. 1550 MADRUGA AVENUE, SUITE 332 CORAL GABLES, FL 33146-3071
TITLE: NAME: STREET ADDRESS: CITY ST ZIP	VP GUSDAL, REV. DR. DELMAR 1550 MADRUGA AVENUE, SUITE 332 CORAL GABLES, FL 33146-3071