

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711918

1. Entity Name

THE FLORIDA LUTHERAN RETIREMENT CENTER, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90058 011 ****61.25

Principal Place of Business

Mailing Address

450 N. McDONALD AVE.
DELAND FL 32724

450 N. McDONALD AVE.
DELAND FLA 32724-3607

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

59-1157053

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

CONRAD, JONATHAN S.
450 N. McDONALD AVENUE
DELAND, 32724

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

Jonathan Conrad, Administrator

01/06/00

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 ☒ D ☐ Delete
NAME **HOLGER, AUGIE**
STREET ADDRESS **1649 WYCLIFF WAY**
CITY-ST-ZIP **KISSIMEE FL 34746**

TITLE ☒ Change ☐ Addition
NAME **AUGIE HOEGER** (spelling)
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ D ☐ Delete
NAME **HOLGER, BETTY**
STREET ADDRESS **1649 WYCLIFF WAY**
CITY-ST-ZIP **KISSIMEE FL**

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

TITLE ☒ D ☐ Delete
NAME **WILCOX, AMELIA J MRS.**
STREET ADDRESS **1624 CALVIN CIRCLE**
CITY-ST-ZIP **KISSIMEE FL**

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

TITLE ☒ D ☐ Delete
NAME **DAVID S WALTERS**
STREET ADDRESS **1504 GALWAY CT**
CITY-ST-ZIP **KISSIMEE FL 34746**

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

TITLE ☒ D ☐ Delete
NAME **JERSTAD, LAURA**
STREET ADDRESS **1508 GALWAY COURT**
CITY-ST-ZIP **KISSIMEE FL**

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

TITLE ☒ D ☐ Delete
NAME **JOHN HOEGER**
STREET ADDRESS **3401 CAFE CT**
CITY-ST-ZIP **KISSIMEE FL 34746**

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)(l), 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:

Augie Hoeger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2000 (407)870-9574

Date

Daytime Phone #

CR2E037 (9/99)