

JAN 16 2001

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711918

1. Entity Name

THE FLORIDA LUTHERAN RETIREMENT CENTER, INC.

Principal Place of Business

450 N. McDONALD AVE.
DELAND FL 32724

Mailing Address

450 N. McDONALD AVE.
DELAND FL 32724

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HOEGER, AUGIE	
STREET ADDRESS	1649 WYCLIFF WAY	
CITY-ST-ZIP	KISSIMMEE FL 34746	<i>Augie Hoeger</i>
TITLE	D	<input type="checkbox"/> Delete
NAME	HOEGER, BETTY	
STREET ADDRESS	1649 WYCLIFF WAY	
CITY-ST-ZIP	KISSIMMEE FL	<i>Betty Hoeger</i>
TITLE	D	<input type="checkbox"/> Delete
NAME	WILCOX, AMELIA J MRS.	
STREET ADDRESS	1624 CALVIN CIRCLE	<i>Amelia J. Wilcox</i>
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVID S WALTERS	
STREET ADDRESS	1504 GALWAY CT	<i>David S Walters</i>
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	D	<input type="checkbox"/> Delete
NAME	JERSTAD, LAURA	
STREET ADDRESS	1508 GALWAY COURT	<i>Laura Jerstad</i>
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHN HOEGER	
STREET ADDRESS	3401 CAFE CT	<i>John Hoeger</i>
CITY-ST-ZIP	KISSIMMEE FL 34746	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90053 012 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1157053 ☐ Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (10/00)