

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

06-11-2002 90149 040 \*\*\*\*61.25

**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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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 FL 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

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

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete  
 NAME **D. 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)(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 RECEIVED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**May 31, 02** **407-846-1012**  
 Date Daytime Phone #

CR2E037 (9/01)