# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 21, 2000 8:00 am**
**Secretary of State**
01-21-2000 90090 035 ****61.25

DOCUMENT # 848239

1. Entity Name

BETHESDA LUTHERAN HOMES AND SERVICES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 700 HOFFMANN DRIVE<br>WATERTOWN WI 53094<br>US | 700 HOFFMANN DRIVE<br>WATERTOWN WI 53094-6204<br>US |

C00008866

DO NOT WRITE IN THIS SPACE

| 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 39-0806446 ☐ 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 |
|---|---|
| MCSWIGAN JAMES A.<br>251 ROYAL PALM WAY<br>PALM BEACH FL 33480 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 | SD<br>SCHMEDA, CAROLE<br>N34 W23858 GRACE AVENUE<br>PEWAUKEE WI | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>GANSWINDT, RALPH C<br>2445 COACH HOUSE DR<br>BROOKFIELD WI | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>REINHOLTZ, STANLEY E.<br>5026 BAYFIELD TERR<br>MADISON WI | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AS<br>GESLE. F DAVOD<br>700 HOFFMANN DR<br>WATERTOWN WI | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AS<br>GESKE, F. DAVID | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>LOTTMAN, JOHN D<br>4802 POST OAK TIMBER<br>HOUSTON TX 77056 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (9/99)

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 REQUIRED 1/11/00 920-261-3050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

F. DAVID GESKE ASSISTANT SECRETARY