

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90110 049 ****61.25

DOCUMENT # 848239

1. Entity Name

BETHESDA LUTHERAN HOMES AND SERVICES, INC.

Principal Place of Business

Mailing Address

**700 HOFFMANN DRIVE
 WATERTOWN WI 53094
 US**

**700 HOFFMANN DRIVE
 WATERTOWN WI 53094
 US**

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.
 251 ROYAL PALM WAY
 PALM BEACH FL 33480**

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 **SD** ☐ Delete
 NAME **SCHMEDA, CAROLE**
 STREET ADDRESS **N34 W23858 GRACE AVENUE**
 CITY-ST-ZIP **PEWAUKEE WI**

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

TITLE **PD** ☒ Delete
 NAME **GANSWINDT, RALPH C**
 STREET ADDRESS **2445 COACH HOUSE DR**
 CITY-ST-ZIP **BROOKFIELD WI**

TITLE **PD** ☒ Change ☐ Addition
 NAME **JOHN E. BAUER**
 STREET ADDRESS **8800 W BLUEMOUND RD**
 CITY-ST-ZIP **MILWAUKEE WI 53226**

TITLE **TD** ☒ Delete
 NAME **REINHOLTZ, STANLEY E.**
 STREET ADDRESS **5026 BAYFIELD TERR**
 CITY-ST-ZIP **MADISON WI**

TITLE **TD** ☒ Change ☐ Addition
 NAME **ED LEFEVRE**
 STREET ADDRESS **4308 W DEERMEADOW DR**
 CITY-ST-ZIP **PEORIA IL 61615**

TITLE **AS** ☐ Delete
 NAME **GESKE, DAVID F**
 STREET ADDRESS **700 HOFFMANN DR**
 CITY-ST-ZIP **WATERTOWN WI**

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

TITLE **VD** ☒ Delete
 NAME **BAUER, JOHN E**
 STREET ADDRESS **N55 W15772 LARKSPUR LANE**
 CITY-ST-ZIP **MENOMONEE FALLS WI 53051**

TITLE **VD** ☒ Change ☐ Addition
 NAME **FREDERICK D MUNDT**
 STREET ADDRESS **775 QOOD CT**
 CITY-ST-ZIP **ZIONSVILLE IN 46077-2029**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED

F.D. Geske, Assistant Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **(920-261-305**

CR2E037 (9/01)

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