

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005100

1. Entity Name

LUTHERAN RETIREMENT CAMPUS OF MERRITT ISLAND INC

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90060 038 ****61.25

Principal Place of Business

280 E. MERRITT AVE.
MERRITT ISLAND FL 32953

Mailing Address

280 E. MERRITT AVE.
MERRITT ISLAND FL 32953-3415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3474959

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HESSEE, CLAUDE
280 E. MERRITT AVE.
MERRITT ISLAND FL 32953

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 DP ☐ Delete
NAME FLECK, ROGER
STREET ADDRESS 490 DIANA BLVD.
CITY-ST-ZIP MERRITT ISLAND FL 32953

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

TITLE DV ☒ Delete
NAME SEITZ, RUTH
STREET ADDRESS 1340 GIRAND BLVD.
CITY-ST-ZIP MERRITT ISLAND FL 32952

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS JOYCE MYLES
CITY-ST-ZIP 1514 STAFFORD AVE
MERRITT ISLAND, FL 32952-5449

TITLE DT ☐ Delete
NAME HUGHES, BETTY
STREET ADDRESS 2080 NEWFOUND HARBOR DR.
CITY-ST-ZIP MERRITT ISLAND FL 32952

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

TITLE DS ☒ Delete
NAME RENDELL, HEIDI
STREET ADDRESS 7012 HAMMOCK TRACE DR.
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE ☐ Change ☒ Addition
NAME DS
STREET ADDRESS PAULINE HEATHCOTE
CITY-ST-ZIP 775 PLANATION RD
MERRITT ISLAND, FL 32952-4028

TITLE D ☒ Delete
NAME HESSEE, PAT
STREET ADDRESS 215 GLENGARRY AVE.
CITY-ST-ZIP MELBOURNE BEACH FL 32951

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS CLAUDE HESSEE
CITY-ST-ZIP 215 GLENGARRY AVE
MELBOURNE BEACH, FL 32951

TITLE D ☐ Delete
NAME SCHEEN, RAY
STREET ADDRESS 1903 APPALOOSA LN.
CITY-ST-ZIP MELBOURNE FL 32934

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:

Betty Hughes **RECEIVED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/00 407-452-6433

Date Daytime Phone #

CR2E037 (9/99)