

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N97000005100**

1. Entity Name

**LUTHERAN RETIREMENT CAMPUS OF MERRITT ISLAND INC**

Principal Place of Business

**280 E. MERRITT AVE.  
MERRITT ISLAND FL 32953**

Mailing Address

**280 E. MERRITT AVE.  
MERRITT ISLAND FL 32953**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3474959**

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

**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	<input type="checkbox"/> Delete
NAME	FLECK, ROGER	
STREET ADDRESS	490 DIANA BLVD.	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MYLES, JOYCE	
STREET ADDRESS	1514 STAFFORD AVENUE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	

TITLE	D VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARENCE LOOK	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DT	<input type="checkbox"/> Delete
NAME	HUGHES, BETTY	
STREET ADDRESS	2080 NEWFOUND HARBOR DR.	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DS	<input type="checkbox"/> Delete
NAME	HEATHCOTE, PAULINE	
STREET ADDRESS	775 PLANTATION ROAD	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	HESSEE, CLAUDE	
STREET ADDRESS	215 GLENGARRY AVENUE	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHEEN, RAY	
STREET ADDRESS	1903 APPALOOSA LN.	
CITY-ST-ZIP	MELBOURNE FL 32934	

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:

*Betty Hughes* **BETTY HUGHES Treasurer**

Date

1/19/01

Daytime Phone #

321-452-4080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)