

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90031 001 \*\*\*\*61.25

**DOCUMENT # N98000005616**

1. Entity Name

**LUTHERN HEALTH MINISTRIES OF NORTH CENTRAL FLORI**

Principal Place of Business

Mailing Address

**N.W. 25TH CIRCLE  
 GAINESVILLE FL 32606**

**3968 N.W. 25TH CIRCLE  
 GAINESVILLE FL 32606-7414**

**00030700**

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

**NOT APPLICABLE**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**LAPEER, RUSSELL W  
 445 N.E. 8TH AVE.  
 Ocala FL 34470**

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	<b>D</b>	<b>CADE, ROBERT M.D.</b>	<b>DEPT. OF MEDICINE, UNIV. OF FL HEALTH SCIEN GAINESVILLE FL 32601</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	<b>D</b>	<b>DEAN, SANDRA R.N.</b>	<b>DEPT. OF NURSING, N. FL REGIONAL MEDICAL CN GAINESVILLE FL 32606</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	<b>D</b>	<b>PETIT, PAUL M.D.</b>	<b>6436 BORG STREET LEESBURG FL 34748-7713</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	<b>DT</b>	<b>REICH, CHARLES REV.</b>	<b>9700 W. NEWBERRY CENTER, NEWBERRY RD. GAINESVILLE FL 32606</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	<b>DS</b>	<b>SILBERMAN, DONALD</b>	<b>4809 NW 36TH PLACE GAINESVILLE FL 32606</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	<b>DP</b>	<b>WIECHMANN, GERALD PH.D</b>	<b>3968 NW 25TH CIRCLE GAINESVILLE FL 32606</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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:** *Gerald Wiechmann* **G.F. Wiechmann, Pres.** 03/08/00 352-323-6674  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)