

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702676

1. Entity Name

LEESBURG REGIONAL MEDICAL CENTER, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90082 010 \*\*\*\*70.00

Principal Place of Business

Mailing Address

600 E. DIXIE AVENUE  
LEESBURG FL 34748-5925

600 E. DIXIE AVENUE  
LEESBURG FL 34748-5925

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

59-0878982

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

H.D. ROBUCK, JR., P.A.  
610 E MAIN ST  
LEESBURG FL 34748

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	D	<input type="checkbox"/> Delete
NAME	BOLEK, RICHARD R.	
STREET ADDRESS	01403 SPRING LAKE RD.	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MEADE, ROBEERT T., M.D.	
STREET ADDRESS	9223 SILVER LAKE DR.	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	D	<input type="checkbox"/> Delete
NAME	BINNEVELD, WILLIAM J	
STREET ADDRESS	122 E. MAIN ST.	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARDY, JAMES M.	
STREET ADDRESS	601 E DIXIE AVE STE 901	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ELSWICK, P. SHANNON	
STREET ADDRESS	1097 E JACKS RD	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'KELLEY, M. B JR	
STREET ADDRESS	33749 OVERTON DRIVE	
CITY-ST-ZIP	LEESBURG FL 34788	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Binnaveld, William J.	
STREET ADDRESS	2122 Park Holland Rd.	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	see attached	
STREET ADDRESS	list of additional	
CITY-ST-ZIP	officers	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

LEESBURG REGIONAL MEDICAL CENTER, INC.  
702676 (8)  
ADDITIONAL LIST OF OFFICERS AND DIRECTORS  
2000 BOARD OF DIRECTORS:

Attachment  
437291  
~~437291~~  
# 702676

- |   |   |
|---|---|
| D RAYMOND GILLEY<br>40 SOUTH DEWEY<br>EUSTIS, FL 32726                                | D HUGH H. GIBSON, III<br>313 DEL MAR DRIVE<br>LADY LAKE, FL 32159                       |
| D PAUL A. GOLDSTEIN<br>165 W. STURTEVANT ST.<br>3RD FLOOR, STE C<br>ORLANDO, FL 34806 | D JOHN W. HILLENMEYER<br>165 W. STURTEVANT ST.<br>3RD FLOOR, STE C<br>ORLANDO, FL 34806 |
| D ABE LOPMAN<br>ORHS<br>1414 KUHLE AVENUE<br>ORLANDO, FL 32806                        | D KARL HODGES<br>165 W. STURTEVANT ST.<br>3RD FLOOR, STE C<br>ORLANDO, FL 34806         |
| D SHERRIE SITARIK<br>92 WEST MILLER STREET<br>ORLANDO, FL 32806                       | D DAVID BURNSED, M.D.<br>601 E. DIXIE AVENUE, PLAZA 1001<br>LEESBURG, FL 34748          |
| D JANICE KREUGER<br>707 W. COACH & FOUR DR.<br>LEESBURG, FL 34748                     | D TIMOTHY I. SULLIVAN<br>1009 NORTH 14TH STREET<br>LEESBURG, FL 34748                   |
| D TERRY R. UPTON<br>1400 US HIGHWAY 441, N<br>SUITE 930<br>THE VILLAGES, FL 32159     |   |