2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739163

1. Entity Name

MORTON PLANT MEASE HEALTH CARE FOUNDATION, INC.

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90159 022 ****70.00

Principal Place of Business	Mailing Address
1200 DRUID ROAD SOUTH CLEARWATER FL 34616	1200 DRUID ROAD SOUTH CLEARWATER FL 33756-1995

DO NOT WRITE IN THIS SPACE

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 59-1751535 ☐ 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
MARQUARDT, EMIL C., JR. 845 INDIAN ROCKS ROAD BELLEAIR FL 33516	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD FIFE, BRUCE E 611 DRUID RD EAST STE 707 CLEARWATER FL 33756	☐ Delete	CHAIRMAN FYFE, BRUCE E.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD FERRARRA, V. RAYMOND 611 DRUID ROAD EAST, STE 105 CLEARWATER FL	☒ Delete	VICE CHAIRMAN/DIRECTOR KEITH CLARK 1108 PALMVIEW AVE BELLEAIR, FL 33756	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HURLEY, RENEE' 3022 OAKMONT DR CLEARWATER FL	☒ Delete	SECRETARY/DIRECTOR DANIEL W. CARLISLE 446 ST. ANDREWS DRIVE BELLEAIR, FL 33756	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PRICE, WILLIAM 29605 US 19 NORTH, STE 140 CLEARWATER FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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: _____ BRUCE E. FYFE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 Date

727-446-1112 Daytime Phone #