

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90208 020 \*\*\*\*70.00

**DOCUMENT # 739163**

1. Entity Name

**MORTON PLANT MEASE HEALTH CARE FOUNDATION, INC.**

Principal Place of Business

Mailing Address

1200 DRUID ROAD SOUTH  
 CLEARWATER FL 34616

1200 DRUID ROAD SOUTH  
 CLEARWATER FL 34616

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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**  
**625 COURT STREET, 2ND FLOOR**  
**CLEARWATER FL 33756**

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  
**CD**  
**FIFE, BRUCE E**  
**611 DRUID RD EAST STE 105**  
**CLEARWATER FL 33756**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CD**  
**CLARK, KEITH**  
**1108 PALMVIEW AVE**  
**BELLEAIR FL 33756**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VCD**  
**CLARK, KEITH**  
**1108 PALMVIEW AVE**  
**BELLEAIR FL 33756**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VCD**  
**PHILLIPS, PAUL, M.D.**  
**455 PINELLAS ST, SUITE 400**  
**CLEARWATER, FL 33756**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD**  
**CARLISLE, DANIEL W**  
**426 ST ANDREWS DR**  
**BELLEAIR FL 33756**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD**  
**SCHAFER, JR., WALTER L.**  
**2430 ESTANCIA BLVD, SUITE 108**  
**CLEARWATER, FL 33761**

☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD**  
**PRICE, WILLIAM**  
**29805 US 19 NORTH, STE 140**  
**CLEARWATER FL**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**- SEE COMPLETE LIST**  
**ATTACHED -**

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**V**  
**HARMON, LARRY F**  
**1200 DRUID RD SOUTH**  
**CLEARWATER FL 33756**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**ORA, MEL**  
**1354 STURBRIDGE CT**  
**DUNEDIN FL 34698**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**SD**

☒ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LARRY F. HARMON, VP/CEO** 4/6/02 (727) 461-9060

Date

Daytime Phone #

CR2E037 (9/01)

attachment # 739163  
**Morton Plant Mease Health Care Foundation, Inc.**

60080031

**2002 Board of Directors**

**CD Clark, Keith**  
1108 Palmview Ave.  
Belleair, FL 33756-1013

**VCD Phillips, Paul, M.D.**  
455 Pinellas Street, Suite 400  
Clearwater, FL 33756

**SD Ora, Mel**  
1354 Sturbridge Court  
Dunedin, FL 34698

**TD Schafer, Jr., Walter L.**  
2430 Estancia Boulevard, Suite 108  
Clearwater, FL 33761

**D Barsema, Christine**  
1995 Lago Vista Blvd.  
Palm Harbor, FL 34685

**D Beauchamp, Philip**  
300 Jeffords Street  
Clearwater, FL 33756

**D Byrd, Robert**  
1208 South Myrtle Ave.  
Clearwater, FL 33756

**D Caleca, Thomas A. M.D.**  
239 Florida Avenue  
Dunedin, FL 34698

**D Dutton, Wally**  
601 Cleveland Street  
Clearwater, FL 33756

**D Freeborn, John B.**  
360 Monroe Street  
Dunedin, FL 34698

**D Lea, Molly**  
5 Ambleside Drive  
Belleair, FL 33756-1909

**D Levy, Victor, M.D.**  
300 Jeffords St., Ste A  
Clearwater, FL 33756

**D McGivney, Robert**  
35388 U.S. Highway 19 N.  
Palm Harbor, FL 34684

**D Morris, George, M.D.**  
1011 Jeffords Street, Suite C  
Clearwater, FL 33756-4093

**D Nash, Thomas C. II**  
625 Court Street, 2<sup>nd</sup> Floor  
Clearwater, FL 33756

**D Neel, Jr., Curtis D.**  
8333 Brian Dairy Road  
Largo, FL 33777

**D Snyder, D. James**  
825 Broadway  
Dunedin, FL 34698

**D Stanley, Gyneth S.**  
1465 S. Ft. Harrison Ave., #202  
Clearwater, FL 33756

**D White, Debbie**  
502 Georgetown Place  
Safety Harbor, FL

**Officers**

**D Hackworth, Gladys Douglas**  
741 Broadway Ave.  
Dunedin, FL 34698

**D Henderson, Phil M.**  
25 Causeway Blvd, Suite 5  
Clearwater, Florida 33767

**D Jacobs, Stephen H., M.D.**  
3251 McMullen Booth Road, Suite #104  
Clearwater, FL 33761

**D Klein, Mark S.**  
2040 Coachman Rd., N.E.  
Clearwater, FL 33765

**P Duncan, Holly H.**  
1200 Druid Rd. S.  
Clearwater, FL 33756

**V Harmon, Larry F.**  
1200 Druid Rd. S.  
Clearwater, FL 33756

**V Matula, Marty**  
1200 Druid Road S.  
Clearwater, FL 33756

**V Simon, Kathleen**  
1200 Druid Road S.  
Clearwater, FL 33756