

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

04-17-2000 90047 027 ****61.25

DOCUMENT # 759452

1. Entity Name

HOSPICE OF NORTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 17887
PENSACOLA FL 32522

P.O. BOX 17887
PENSACOLA FL 32522-7887

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2208300

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNEE, DALE
2001 N PALAFOX ST
SUITE E
PENSACOLA FL 32501

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	C	<input type="checkbox"/> Delete
NAME	CAMPBELL, JAMES S	
STREET ADDRESS	P O BOX 12950 3 W GARDEN ST	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHELL, STEPHEN B	
STREET ADDRESS	P O BOX 1831 9TH FLOOR 226-PALAFOX PL	
CITY-ST-ZIP	PENSACOLA FL 32598	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GOLDENBERG, SAM	
STREET ADDRESS	520 S JEFFERSON ST P O BOX 12158	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHLENKER, PAT	
STREET ADDRESS	5151 N 9TH AVE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KNEE, DALE O	
STREET ADDRESS	2201 N PALAFOX STREET	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DARBY, RENATE	
STREET ADDRESS	1450 BERRYHILL RD	
CITY-ST-ZIP	MILTON FL 32570	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	Campbell, James S.	
STREET ADDRESS	P.O. Box 12950 3 W. Garden St.	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	V D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Delete
NAME	Vickery, James F.	
STREET ADDRESS	1717-N-"E" St., Ste 320.	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Delete
NAME	Snyder, Robert E.	
STREET ADDRESS	3435 N. Alcaniz St.	
CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	C D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	Schlenker, Patrick	
STREET ADDRESS	5151 N. 9th Ave.	
CITY-ST-ZIP	Pensacola, FL 32504	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	Knee, Dale O.	
STREET ADDRESS	2001 N. Palafox St.	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE	S D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Delete
NAME	Thames, Barbara H.	
STREET ADDRESS	8383 N. Davis Hwy.	
CITY-ST-ZIP	Pensacola, FL 32514	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00 850/433-2155
Date Daytime Phone #