

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90860 001 \*\*\*490.00

**9106**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # 760277**  
 1. Entity Name  
**HICKORY STREET MEDICAL CENTER  
 CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**1350 South Hickory Street      8249 Devereux Drive**  
**Melbourne, FL 32901              Melbourne, FL 32940**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
 City & State                              City & State  
 Zip    Zip    Country                                      Country

4. FEI Number                              Applied For  
 Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**Mathias, David E.**  
**8249 Devereux Drive**  
**Melbourne, FL 32940**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Galloway, Robert C. 8249 Devereux Drive Melbourne, FL 32940-7955	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bunker, Stephen 1350 South Hickory Street Melbourne, FL 32901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Mathias, David E. 8249 Devereux Drive Melbourne, FL 32940	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: *David E. Mathias*      Secretary      4/10/00      321      434-4300

CR2E037 (9/99)