

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90258 041 \*\*\*\*61.25

**DOCUMENT # 767541**

1. Entity Name

**ST. FRANCIS MEDICAL AND HEALTH CARE FOUNDATION,**

Principal Place of Business

Mailing Address

138 N.E. 11TH STREET  
 MIAMI SHORES FL 33161  
 US

19329 US HIGHWAY 19 N.  
 SUITE 100  
 CLEARWATER FL 33764  
 US

2. Principal Place of Business

138 N.E. 111<sup>th</sup> Street

3. Mailing Address

19329 US Hwy 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Shores Fl

City & State

Clearwater Fl.

Zip

33161

Country

USA

Zip

33764

Country

USA

4. FEI Number

59-2301543

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

LIGHTER, JOANNE  
 19329 US HIGHWAY 19 N.  
 SUITE 100  
 CLEARWATER FL 33764

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

*Joanne Lighter*

4/12/01

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  Delete  
 NAME **PK**  
**KIMMINS, MARGARET MARY**  
 STREET ADDRESS **115 E. MAIN STREET**  
 CITY-ST-ZIP **ALLEGANY NY 14706**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **MDT**  
**WEIDENBORNER, MARLENE**  
 STREET ADDRESS **415 E. MAIN STREET 380 Valencia Blvd.**  
 CITY-ST-ZIP **ALLEGANY NY 14706 Largo Fl 33770**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**HADDAD, ODETTE E**  
 STREET ADDRESS **3939 SHORESIDE CIRCLE**  
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DS**  
**CARDET, LUCY**  
 STREET ADDRESS **138 N.E. 111TH STREET**  
 CITY-ST-ZIP **MIAMI SHORES FL 33161**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**HALL, MAUREEN CLARE**  
 STREET ADDRESS **152 CONSTANT SPRING ROAD**  
 CITY-ST-ZIP **KINGSTON & JAMAICA W. INDIE**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S**  
**O'BRIEN, DOLORES A**  
 STREET ADDRESS **115 E. MAIN STREET**  
 CITY-ST-ZIP **ALLEGANY NY 14706**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Joanne Lighter*

NEEDS SIGNATURE LIGHTER 4/12/01

727-507-9668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)