

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

0079024

DOCUMENT # 821162

1. Entity Name

SHRINERS HOSPITALS FOR CHILDREN, INC.

01-30-2002 90006 046 ****61.25

Principal Place of Business

Mailing Address

**2900 ROCKY POINT DRIVE
 TAMPA FL 33607
 US**

**P.O. BOX 31356
 TAMPA FL 33631-3356**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-2193608**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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

T
 TITLE NAME **BRACEWELL, GENE** Delete
 STREET ADDRESS **1015 THIMBLEGATE CT**
 CITY-ST-ZIP **ALPHARETTA GA 30022**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

P
 TITLE NAME **VERMAAS, JOHN D** Delete
 STREET ADDRESS **10001 S 27TH ST**
 CITY-ST-ZIP **ROCA NE 68430**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

VP
 TITLE NAME **SMITH, KENNETH** Delete
 STREET ADDRESS **1115 EYRE MOUNT DR**
 CITY-ST-ZIP **W. VANCOUVER BC V7S- 2B9**

VP Change Addition
 NAME **Charles A. Claypool**
 STREET ADDRESS **345 West 2nd Street, Suite 400**
 CITY-ST-ZIP **Dayton, Ohio 45402**

D
 TITLE NAME **DUNWOODY, GARY W** Delete
 STREET ADDRESS **3803 N. HILLS BLVD**
 CITY-ST-ZIP **NORTH LITTLE ROCK AR 72116**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

S
 TITLE NAME **OIEN, BURTON M** Delete
 STREET ADDRESS **7832 EAST EBOLA AVE**
 CITY-ST-ZIP **MESA AZ 85208**

S Change Addition
 NAME **Raoul L. Frevel, Sr.**
 STREET ADDRESS **4507 Harford Road**
 CITY-ST-ZIP **Baltimore, Maryland 21214**

D
 TITLE NAME **FREVEL, RAOUL L SR** Delete
 STREET ADDRESS **4507 HARFORD RD**
 CITY-ST-ZIP **BALTIMORE MD 21214**

D Change Addition
 NAME **Nicholas Thomas**
 STREET ADDRESS **8559 Mango Avenue**
 CITY-ST-ZIP **Fontana, California 92335-7802**

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: *John D. Vermaas* **JOHN D. Vermaas, President** 01/14/02 (813)281-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)