

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 821162

1. Entity Name

SHRINERS HOSPITALS FOR CHILDREN, INC.

Principal Place of Business

2900 ROCKY POINT DRIVE  
TAMPA FL 33607  
US

Mailing Address

P.O. BOX 31356  
TAMPA FL 33631-3356

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-2193608

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

VP  
NAME SMITH, KENNETH  
STREET ADDRESS 1115 EYREMOUNT DR  
CITY-ST-ZIP W. VANCOUVER BC V7S- 2B9 ☒ Delete

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

D  
NAME Nicholas Thomas  
STREET ADDRESS 8559 Mango Avenue  
CITY-ST-ZIP Fontana, California 92335-7802 ☒ 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:

*John D. Vermaas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Date

Daytime Phone #

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

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



DO NOT WRITE IN THIS SPACE

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