

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90051 048 ***150.00

DOCUMENT # L92215

1. Entity Name

COLUMBIA REGIONAL MEDICAL CENTER BAYONET POINT V

Principal Place of Business

**14000 FIVAY RD
HUDSON FL 34667-7103**

Mailing Address

**14000 FIVAY RD
HUDSON FL 34667-7103**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3043544**

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

**RICE, THOMAS
14000 FIVAY ROAD
HUDSON FL 34667**

Name

Robert B. Conroy

Street Address (P.O. Box Number is Not Acceptable)

14000 Fivay Road

City

Hudson,

FL

Zip Code
34667

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **RICE, THOMAS**
CITY-ST-ZIP **14000 FIVAY ROAD**
HUDSON FL

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Conroy, Robert B.**
CITY-ST-ZIP **14000 Fivay Road**
Hudson, FL 34667

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **HYRES, CHRIS**
CITY-ST-ZIP **14000 FIVAY RD.**
HUDSON FL

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Long, Patrick**
CITY-ST-ZIP **14000 Fivay Road**
Hudson, FL 34667

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **PETERSON, GLORIA**
CITY-ST-ZIP **14000 FIVAY ROAD**
HUDSON FL

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MARTIN, WILLIAM**
CITY-ST-ZIP **1400 FIVAY RD.**
HUDSON FL

TITLE ☒ Change ☐ Addition
NAME **V**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **DURAND, KAY**
CITY-ST-ZIP **1400 FIVAY RD.**
HUDSON FL

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **POTTS, CONNIE**
CITY-ST-ZIP **6535 CORVETTE DR., APT 3714**
PORT RICHEY FL 34668

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **14000 FIVAY RD.**
CITY-ST-ZIP **HUDSON, FL 34667**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Connie Potts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-01 (727) 869-5525

CR2E034 (10/00)