

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90380 001 ***150.00

DOCUMENT # L92215

1. Entity Name
**REGIONAL MEDICAL CENTER BAYONET POINT VOLUNTEERS
ASSOCIATION, INC.**



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

Zip

Country

Zip

Country

4. FEI Number **59-3043544**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CONROY, ROBERT B
14000 FIVAY ROAD
HUDSON FL 34667**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **LONG, PATRICK**
STREET ADDRESS **14000 FIVAY ROAD**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **D** ☐ Delete
NAME **CONROY, ROBERT B**
STREET ADDRESS **14000 FIVAY RD.**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **P** ☐ Delete
NAME **DUNN, THOMAS H JR.**
STREET ADDRESS **111629 FOX RUN**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **S** ☐ Delete
NAME **GOLDMAN, BLOSSOM**
STREET ADDRESS **11115 ARECA DR.**
CITY-ST-ZIP **PORT RICHEY FL 34668**

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

TITLE **T** ☐ Delete
NAME **OBIANSKI, GERALD J**
STREET ADDRESS **12141 SPARTAN WAY #102**
CITY-ST-ZIP **HUDSON FL 34667**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME **WILLIAM P. MARTIN**
STREET ADDRESS **8605 STONEHEDGE WAY**
CITY-ST-ZIP **HUDSON, FL 34667**

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

TITLE ☒ Change ☐ Addition
NAME **DANIEL HAMMER**
STREET ADDRESS **5353 BLUE POINT DRIVE**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gerald J. Obianski **GERALD TOBIANSKI** 4-24-03 727-822-5700 819-2990

CR2E034 (10/02)