## 2001 UNIFORM BUSINESS REPORT

## Apr 02, 2001 8:00 am Secretary of State DOCUMENT # N00000006210 1. Entity Name 03-12-2001 90018 033 \*\*\*\*61.25 MEMORIAL HEALTH SYSTEMS FOUNDATION, INC. Principal Place of Business. Mailing Address 770 WEST GRANADA BLVD., STE. 301 770 WEST GRANADA BLVD., STE. 301 ORMOND BEACH FL 32714 ORMOND BEACH FL 32714 2. Principal Place of Business 3. Mailing Address 875 STERTHAUS AVENUE 875 STERTHAUS AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ORMOND BEACH FL ORMOND BEACH FL APPLIED Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 321.74 USA 32174 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -Street Address (P.O. Box Number is Not Acceptable) TRIMBLE, T.L. 111 NORTH ORLANDO AVE. WINTER PARK FL 32803 CIN 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete ☐ Change ★ Addition TITLE TITLE NAME NAME REINER, RICHARD K. STREET ADDRESS STREET ADDRESS 2400 BEDFORD ROAD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 ☐ Change Delete X Addition TITLE TITLE GRUBER, JOSEPH D ONE JOHN ANDERSON DR, PH6 NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32176 X Addition TITLE ~ ☐ Delete D ☐ Change TITLE BOONE, GEORGE C NAME NAME 1520 N ATLANTIC AVE STREET ADDRESS STREET ADORESS DAYTONA BEACH FL 32118 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change X Addition BROWN, LONNIE NAME NAME STREET ADDRESS STREET ADDRESS 37 OAKMONT CIRCLE CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32174 **Addition** TITLE ☐ Delete Change NAME NAME BURT, DAVID A STREET ADDRESS STREET ADDRESS 335 S ATLANTIC AVE CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32118 TITLE ☐ Delete ☐ Change TITLE X Addition CLARK, MARY ANN 1923 S FLAGLER AVENUE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FLAGLER BEACH FL 32136 12. I hereby certify that the information supplied with this filling 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 flystee 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.

Richard K. Reiner

a-23-01

407-975-1413

Daytime Phone #

Director

SIGNATURE:

FILED