

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90002 012 \*\*\*\*61.25

**DOCUMENT # N01467**  
 1. Entity Name  
**HOSPICE OF LAKE AND SUMTER, INC.**

Principal Place of Business <b>12300 LANE PARK RD TAVARES FL 32778-9660</b>	Mailing Address <b>12300 LANE PARK RD TAVARES FL 32778-9660</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2330114</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

**6. Name and Address of Current Registered Agent**  
**MCDANIEL, MARY**  
**226 W. ALFRED ST**  
**TAVARES FL 32778**

**7. Name and Address of New Registered Agent**  
 Name **Patricia Lehotsky**  
 Street Address (P.O. Box Number is Not Acceptable)  
**12300 Lane Park Road**  
 City **Tavares** **FL** Zip Code **32778**

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 *Patricia Lehotsky* DATE *1/16/01*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME DP <b>TALLEY, BILL JR</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>900 N 14TH STREET</b>	
CITY-ST-ZIP <b>LEESBURG FL 34749</b>	
TITLE NAME DPE <b>DUPEE, ANN</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>389 DIVISION STREET</b>	
CITY-ST-ZIP <b>CLERMONT FL 34711</b>	
TITLE NAME DV <b>NEWMAN, TOM</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1022 W N BLVD</b>	
CITY-ST-ZIP <b>LEESBURG FL 34748-3030</b>	
TITLE NAME DT <b>HINDMAN, SCOTT</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>700 BOYLESTON STREET</b>	
CITY-ST-ZIP <b>LEESBURG FL 34748</b>	
TITLE NAME D <b>BINNEVELD, WILLIAM</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <b>2122 PARK HOLLAND ROAD</b>	
CITY-ST-ZIP <b>LEESBURG FL 34748</b>	
TITLE NAME DS <b>SCOBIE, TIM</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1 ORANGE AVE</b>	
CITY-ST-ZIP <b>EUSTIS FL 32726</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE DP NAME <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>NEWMAN, TOM</b>	
CITY-ST-ZIP <b>1022 W.N. Blvd., Leesburg FL 34748</b>	
TITLE D NAME <b>PRESIDENT ELECT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>317 W. Main St. BOB MCKEE</b>	
CITY-ST-ZIP <b>Tavares, FL 32726</b>	
TITLE DV NAME <b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>Dr. Tully Patrowicz</b>	
CITY-ST-ZIP <b>1700 Country Club Road Eustis, FL 32726</b>	
TITLE DT NAME <b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>BILL TALLEY, JR.</b>	
CITY-ST-ZIP <b>900 N. 14th St. Leesburg, FL 34749</b>	
TITLE DS NAME <b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>PHYLLIS BAUM</b>	
CITY-ST-ZIP <b>Leesburg Regional Medical Center 600 E. Dixie Ave, Leesburg FL 34748</b>	
TITLE D NAME <b>Susan Moore</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>Florida Hospital/Waterman</b>	
CITY-ST-ZIP <b>1 West Park Avenue Eustis, FL 32726</b>	

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: *William Binneveld* DATE: *1-22-01*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

C 100-11

CR2E037 (10/00)