2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
01-19-2000 90253 014 ****61.25

DOCUMENT # N12644

1. Entity Name

GOOD SAMARITAN FUND AND SERVICES OF GREATER SUN

Principal Place of Business	Mailing Address
916 PEBBLE BEACH BLVD. SUN CITY CENTER FL 33573	916 PEBBLE BEACH BLVD. SUN CITY CENTER FL 33573-5302

DO NOT WRITE IN THIS SPACE

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 59-2615679 ☐ 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
SMITH, WALTER R. 403 S BROCKFIELD DR SUN CITY CENTER FL 33573	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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP RAGLAND, DORIS H 628 OAKMONT AVENUE SUN CITY CENTER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/ PRESIDENT Doris Ragland	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARNAHAN, ROBERT 101 TRINITY LAKES BLVD. SUN CITY CENTER FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SMITHYMAN JOHN G. 1927 EAST VIEW DRIVE SUN CITY CENTER FL 33573	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CURTISS, CHARLES 411 SMITHFIELD LANE SUN CITY CENTER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, WALTER R 403 S BROCKFIELD DR SUN CITY CENTER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR WALTER R. SMITH 403 BROCKFIELD DR S. SUN CITY CENTER, FL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMSON, WALTER 1417 INGRAM SUN CITY CENTER FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPA MCGRATH, JOHN F. 2036 HAMPSTEAD CIR. SUN CITY CENTER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VPS	☒ Change ☐ Addition

CR2E037 (9/99)

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 F. McGRATH (JOHN F. McGRATH) 1-10-2000 813-634-9283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #