

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N15463**

1. Entity Name

**HOSPICE OF OKEECHOBEE, INCORPORATED**

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90204 034 \*\*\*\*61.25

Principal Place of Business

Mailing Address

411 SE 4TH ST.  
P. O. BOX 1548-34973  
OKEECHOBEE FL 34974

411 SE 4TH ST.  
P. O. BOX 1548-34973  
OKEECHOBEE FL 34974-4437



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2831397**

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

**BUXTON, PAUL M.**  
**110 NE 5TH ST.**  
**OKEECHOBEE FL 34974**

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

*Paul M. Buxton*

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  Delete  
NAME **D**  
CULBRETH, MARIE  
STREET ADDRESS **PO BOX 848 3550 US 441 S**  
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE  Change  Addition  
NAME **PE**  
RANDY PAULSON  
STREET ADDRESS **2386 SE 27th AVE.**  
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE  Delete  
NAME **TD**  
SYFRETT, FRAN  
STREET ADDRESS **16505 NW 20TH ST.**  
CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE  Change  Addition  
NAME **D**  
ROSEMARY PYE  
STREET ADDRESS **1753 SW 35th CIRCLE**  
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE  Delete  
NAME **P**  
BULGER, DOROTHY  
STREET ADDRESS **503 SE 8TH DRIVE**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE  Change  Addition  
NAME **D**  
DEBORAH HOOKER  
STREET ADDRESS **401 NW 6th ST.**  
CITY-ST-ZIP **OKEECHOBEE, FL 34972**

TITLE  Delete  
NAME **D**  
CLINE, BUDDY  
STREET ADDRESS **6961 S.E. 8TH STREET**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**

TITLE  Change  Addition  
NAME **ED**  
RICHARD S. GREEN  
STREET ADDRESS **3802 SE 18TH TERRACE**  
CITY-ST-ZIP **OKEECHOBEE, FL 34974**

TITLE  Delete  
NAME **D**  
KUMAR, RAMESH  
STREET ADDRESS **301 NE 195TH DRIVE**  
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D**  
DAWN, NANCY  
STREET ADDRESS **1910 SW 9TH AVE.**  
CITY-ST-ZIP **OKEECHOBEE FL 34974**

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 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 fee empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00

Date

863-467-2321

Daytime Phone #