

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

0063578

DOCUMENT # N15463

1. Entity Name

HOSPICE OF OKEECHOBEE, INCORPORATED

04-13-2001 90057 047 ****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



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.~~ Randy Paulson
~~440 NE 5TH ST.~~ 2386 SE 27 Ave.
 OKEECHOBEE FL 34974

Name **Randy Paulson**
 Street Address (P.O. Box Number is Not Acceptable)
2386 SE 27th Ave
 City **Okeechobee** FL Zip Code **34974**

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

Randy Paulson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-00

**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	D V/D	<input type="checkbox"/> Delete
NAME	CULBRETH, MARIE	
STREET ADDRESS	PO BOX 848 3550 US 441 S	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SYFRETT, FRAN	
STREET ADDRESS	16505-NW-20TH-ST.	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	P S/D	<input type="checkbox"/> Delete
NAME	BULGER, DOROTHY	
STREET ADDRESS	503 SE 8TH DRIVE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLINE, BUDDY	
STREET ADDRESS	6961 S.E. 8TH STREET	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KUMAR, RAMESH	
STREET ADDRESS	301 NE 195TH DRIVE	
CITY-ST-ZIP	OKEECHOBEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAWN, NANCY	
STREET ADDRESS	1910 SW 9TH AVE.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Randy Paulson	
STREET ADDRESS	2386 SE 27 Ave	
CITY-ST-ZIP	Okeechobee, FL 34974	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosemary Pye	
STREET ADDRESS	1753 SW 35th Circle	
CITY-ST-ZIP	Okeechobee FL 34974	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vivian Pearce	
STREET ADDRESS	95 Lisa Lane	
CITY-ST-ZIP	Okeechobee, FL 34974	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grace Larson	
STREET ADDRESS	1000 Hwy 98 North	
CITY-ST-ZIP	Okeechobee FL 34972	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doanyelle King	
STREET ADDRESS	5104 SE 42 Trace	
CITY-ST-ZIP	Okeechobee FL 34974	
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard S. Green	
STREET ADDRESS	710 Chobee Loop N.E.	
CITY-ST-ZIP	Okeechobee, FL 34974	

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: *Richard S. Green* **RICHARD S. GREEN**
 Executive Director 4-9-00 863-467-2321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)