

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19863

1. Entity Name

CITRUS MEMORIAL HEALTH FOUNDATION, INC.

Principal Place of Business

Mailing Address

% CHARLES A. BLASBAND
502 HIGHLAND BLVD.
INVERNESS FL 34452-4754
US

% CHARLES A. BLASBAND
502 HIGHLAND BLVD.
INVERNESS FL 34452-4754
US

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

59-2890430

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

BLASBAND, CHARLES A.
502 HIGHLAND BLVD.
INVERNESS FL 34452

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 P
NAME BLASBAND, CHARLES A.
STREET ADDRESS 502 HIGHLAND BLVD.
CITY-ST-ZIP INVERNESS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DC
NAME HENIGAR, ROBERT L
STREET ADDRESS 640 E. STATE RD, 44
CITY-ST-ZIP CRYSTAL RIVER FL ☐ Delete

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE DV
NAME BRANNE, JOE S
STREET ADDRESS 320 HIGHWAY 41 SOUTH
CITY-ST-ZIP INVERNESS FL ☐ Delete

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME JORDAN, MARILYN
STREET ADDRESS 502 HIGHLAND BLVD.
CITY-ST-ZIP INVERNESS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME ALCORN, STEPHEN W.
STREET ADDRESS 609 W. HIGHLAND BLVD.
CITY-ST-ZIP INVERNESS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME KOFMEHL, C. PHILIP
STREET ADDRESS 502 HIGHLAND BLVD.
CITY-ST-ZIP INVERNESS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Charles Blasband

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-01

Date

Daytime Phone #

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90024 048 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

attachment #
119863

513653

ATTACHMENT TO 2001 CORPORATION ANNUAL REPORT
CITRUS MEMORIAL HEALTH FOUNDATION, INC.
FEI NUMBER 59-2890430

BOX 11

OFFICERS AND DIRECTORS CHANGES

	DC	Change
7.1 DST		
7.2 Langer, David		
7.3 502 Highland Blvd.		
7.4 Inverness, FL 34452		

8.1 D		
8.2 Sanders, James T.		
8.3 502 Highland Blvd.		
8.4 Inverness, FL 34452		

	DV	Change
9.1 D		
9.2 Langley, Alida		
9.3 502 Highland Blvd.		
9.4 Inverness, FL 34452		

10.1 D		
10.2 Jenkins, Randall		
10.3 502 Highland Blvd.		
10.4 Inverness, FL 34452		

11.1 DST	Addition
11.2 Chadwick, Sandra	
11.3 502 Highland Blvd.	
11.4 Inverness, FL 34452	

12.1 D	Addition
12.2 Fredrick, Debra	
12.3 502 Highland Blvd.	
12.4 Inverness, FL 34452	