

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N45050**

1. Entity Name

**HARDEE MEMORIAL HOSPITAL, INC.**

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90902 023 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. DRAWER 1729  
 WAUCHULA FL 33873

P.O. DRAWER 1729  
 WAUCHULA FL 33873-1729



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

**65-0291105**

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

**TERRELL, DEWEY M**  
**406 N 6TH AVENUE**  
**WAUCHULA FL 33873**

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	PCD	<input type="checkbox"/> Delete
NAME	TERRELL, DEWEY M	
STREET ADDRESS	STRENSTROM ROAD	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	EZELLE, MARCUS J	
STREET ADDRESS	1041 BRIARWOOD DRIVE	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHUMARD, DENISE	
STREET ADDRESS	500 KELLY COURT	
CITY-ST-ZIP	WAUCHULA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SMITH, SUSAN C	
STREET ADDRESS	DAMSBU RPAD	
CITY-ST-ZIP	WAUCHULA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

**SIGNATURE:** **DEWEY M. TERRELL**  
**SIGNATURE REQUIRED**

4/28/00

863-773-3241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)