

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90075 006 \*\*\*\*61.25

**DOCUMENT # N45050**

1. Entity Name

**HARDEE MEMORIAL HOSPITAL, INC.**

Principal Place of Business

Mailing Address

P.O. DRAWER 1729  
 WAUCHULA FL 33873

P.O. DRAWER 1729  
 WAUCHULA FL 33873

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

**65-0291105**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



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 NAME  Delete  
**PCD**  
**TERRELL, DEWEY M**  
 STREET ADDRESS **STRENTROM ROAD**  
 CITY-ST-ZIP **WAUCHULA FL**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**VCD**  
**EZELLE, MARCUS J**  
 STREET ADDRESS **1041 BRIARWOOD DRIVE**  
 CITY-ST-ZIP **WAUCHULA FL**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**D**  
**SHUMARD, DENISE**  
 STREET ADDRESS **500 KELLY COURT**  
 CITY-ST-ZIP **WAUCHULA FL**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**STD**  
**SMITH, SUSAN C**  
 STREET ADDRESS **DAMSBU RPAD**  
 CITY-ST-ZIP **WAUCHULA FL**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 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: \_\_\_\_\_

**SIGNATURE REQUIRED**

4-3-01 863-773-3241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)