

19 1058

2000 UNIFORM BUSINESS REPORT-(UBR)

DOCUMENT # N93000005451

1. Entity Name

BERT FISH MEDICAL CENTER FOUNDATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 24 AM 11:41

Principal Place of Business

Mailing Address

401 PALMETTO STREET
NEW SMYRNA BEACH FL 32168

P.O. BOX 1000
NEW SMYRNA BEACH FL 32170-1000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3219250

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

HEEKIN, JAMES F JR
215 N EOLA DRIVE
ORLANDO FL 32802

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	D	<input type="checkbox"/> Delete
NAME	TRASK, KAY W	
STREET ADDRESS	128 SAND PINE PLACE	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BITTEL, LYNN	
STREET ADDRESS	450 QUAY ASSISI	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JAKOMAS, TEDD	
STREET ADDRESS	1051 SUGAR MILL DR.	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CAMBRIA, GERALD	
STREET ADDRESS	731 ST. ANDREWS CIR.	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WARNING, WALT	
STREET ADDRESS	4303 S. ATLANTIC AVE.	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRUMBO, ROBERT B	
STREET ADDRESS	340 NO. CAUSEWAY	
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	

TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alex Kis H	
STREET ADDRESS	205 MAGNOLIA STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hugh Jones	
STREET ADDRESS	508 THIRD AVE.	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ken Poulin	
STREET ADDRESS	801 MAGNOLIA STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS ALCORN	
STREET ADDRESS	855 LADYFISH AVE.	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM PRESTON	
STREET ADDRESS	143 CANAL STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT THURLOW	
STREET ADDRESS	415 CANAL STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	

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

2-4-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AD

CR2E037 (9/99)

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**Bert Fish Medical Center Foundation, Inc.
Board of Directors**

D
Jeanne Ackerman, MD
401 Palmetto Street
New Smyrna Beach, FL 32168

D
John Albright
207 Magnolia Street
New Smyrna Beach, FL 32168

D
Thomas Alcorn
855 Ladyfish Avenue
New Smyrna Beach, FL 32169

D
Richard Allen Sr.
206 Quay Assisi
New Smyrna Beach, FL 32169

D
Jack Ascherl
219 Live Oak Street
New Smyrna Beach, FL 32168

D
Fred Baker
341 N. Ridgewood Avenue
Edgewater, FL 32132

D
Oretha W. Bell
620 Duss Street
New Smyrna Beach, FL 32168

D
Martel O. Berge
138 Hibiscus Road
Edgewater, FL 32141

D / S
Katharine W. Clower
128 Sand Pine Place
New Smyrna Beach, FL 32168

P
Teri Ford Cobean
102 S. Riverside Drive
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D
Frederick E. Cooper
720 Green Road
New Smyrna Beach, FL 32168

D
John Delevan
413 Canal Street
New Smyrna Beach, FL 32168

D
Avrohm W. Faber, MD
408 Palmetto Street
New Smyrna Beach, FL 32168

D
Cheryl Faber
448 Quay Assisi
New Smyrna Beach, FL 32169

D
Robert A. Herchek
418 Quay Assisi
New Smyrna Beach, FL 32169

D
Brenda Jones
508 Third Avenue
New Smyrna Beach, FL 32169

D / C
Hugh Jones, MD
508 Third Avenue
New Smyrna Beach, FL 32169

D
Nelson L. Jones
304 DeSoto Drive
New Smyrna Beach, FL 32169

D / T
Alex H. Kish
205 Magnolia Street
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New Smyrna Beach, FL 32168

D / VC
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New Smyrna Beach, FL 32168

D
William T. Preston, Esq.
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Frank Roberts
210 Sams Avenue
New Smyrna Beach, FL 32168

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Virginia Roche
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New Smyrna Beach, FL 32168

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Reverend Don L. Schobert
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Robert B. Trumbo, Esq.
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New Smyrna Beach, FL 32169

D
Russell L. Welsh, MD
265 N. Causeway
New Smyrna Beach, FL 32169

D
T.C. Wilder
440 Granada Street
New Smyrna Beach, FL 32168

D
Katherine W. Zow
401 Palmetto Street
New Smyrna Beach, FL 32168