

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90091 036 ****61.25

0009822

DOCUMENT # N93000005451

1. Entity Name

BERT FISH MEDICAL CENTER FOUNDATION, INC.

Principal Place of Business 401 PALMETTO STREET NEW SMYRNA BEACH FL 32168	Mailing Address P.O. BOX 1000 NEW SMYRNA BEACH FL 32170
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80007365



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3219250		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRASK, KAY W			NAME	Clower, KAY W.		
STREET ADDRESS	128 SAND PINE PLACE			STREET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168			CITY-ST-ZIP			
TITLE	DT	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KISH, ALEX			NAME			
STREET ADDRESS	205 MAGNOIA STREET			STREET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168			CITY-ST-ZIP			
TITLE	DC	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, HUGH			NAME			
STREET ADDRESS	508 THIRD AVE			STREET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169			CITY-ST-ZIP			
TITLE	DVC	<input type="checkbox"/> Delete		TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POULIN, KEN			NAME			
STREET ADDRESS	801 MAGNOLIA STREET			STREET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALCORN, THOMAS			NAME			
STREET ADDRESS	855 LADYFISH AVE			STREET ADDRESS	240 GOLF CLUB DRIVE		
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169			CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRESTON, WILLIAM			NAME			
STREET ADDRESS	143 CANAL STREET			STREET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BCH FL 32168			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: *Robert A. Herchek* **Robert A. Herchek** **Treasurer** **1.12.01** **904-424-5015**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (10/00)

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

D
Jeanne Ackerman, MD
401 Palmetto Street
New Smyrna Beach, FL 32168
904/424-6382

D
John Albright
207 Magnolia Street
New Smyrna Beach, FL 32168
904/427-5277

D
Thomas Alcorn
240 Golf Club Drive
New Smyrna Beach, FL 32168
904/427-8414

Duplicate

D
Richard Allen Sr.
206 Quay Assisi
New Smyrna Beach, FL 32169
904/423-5110

D
Jack Ascherl
219 Live Oak Street
New Smyrna Beach, FL 32168
904/427-4121

D
Fred Baker
341 N. Ridgewood Avenue
Edgewater, FL 32132
904/426-0316

D
Oretha W. Bell
620 Duss Street
New Smyrna Beach, FL 32168
904/428-9449

D / S
Katharine W. Clower
128 Sand Pine Place
New Smyrna Beach, FL 32168
904/423-4266

Duplicate

P
Teri Ford Cobean
1022 Clubhouse Blvd.
New Smyrna Beach, FL 32168
904/428-3921

D
Frederick E. Cooper
720 Green Road
New Smyrna Beach, FL 32168
904/427-0433

Attachment
B 0007365
N93000005451

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

D
John Delevan
413 Canal Street
New Smyrna Beach, FL 32168
904/423-3400

D
Avrohm W. Faber, MD
408 Palmetto Street
New Smyrna Beach, FL 32168
904/427-6791

D
Cheryl Faber
448 Quay Assisi
New Smyrna Beach, FL 32169
904/427-9886

D
Bob Garriques
4604 Van Kleeck Drive
New Smyrna Beach, FL 32169
904/427-6628

D / T
Robert A. Herchek
418 Quay Assisi
New Smyrna Beach, FL 32169
904/428-7179

D
Tedd Jakomas
1051 Sugar Mill Drive
New Smyrna Beach, FL 32168
904/423-1855

D
Walter Johnson
406 S. Orange Street
New Smyrna Beach, FL 32168
904/428-5757

D
Brenda Jones
508 Third Avenue
New Smyrna Beach, FL 32169
904/428-2630

D
Hugh Jones, MD
508 Third Avenue
New Smyrna Beach, FL 32168
904/428-2630

D
Nelson L. Jones
304 DeSoto Drive
New Smyrna Beach, FL 32169
904/427-1347

*Attachment
B0007365
IV93000005451*

Duplicate

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

D / VC

Jacqueline A. Mallory
436 Quay Assisi
New Smyrna Beach, FL 32169
904/428-5467

D

Dan Miller, MD
415 N. Causeway
New Smyrna Beach, FL 32168
904/427-4143

D

William J. Miller
100 S. Riverside Drive
New Smyrna Beach, FL 32168
904/427-6323

D

Michael C. Morris, MD
501 Live Oak Street
New Smyrna Beach, FL 32168
904/423-3880

D

Shirley Green-Pearson
401 Palmetto Street
New Smyrna Beach, FL 32168
904/424-5165

D / VC

Kenneth R. Poulin
801 Magnolia Street
New Smyrna Beach, FL 32168
904/428-8801

Duplicate

D

William T. Preston, Esq.
143 Canal Street
New Smyrna Beach, FL 32168
904/424-9200

Duplicate

D

Reverend Don L. Schobert
401 Palmetto Street
New Smyrna Beach, FL 32168
904/424-6330

D

Brenda Stauffer
230 Fairgreen Avenue
New Smyrna Beach, FL 32168
904/423-5057

D

Robert S. Thurlow, Esq.
415 Canal Street
New Smyrna Beach, FL 32168
904/424-1530

*Attachment
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1193000005751*

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

*A Hackman
PO 0007365
NE 1300000545*

D
Frank W. Toub, MD
501 Live Oak Street
New Smyrna Beach, FL 32168
904/428-3860

D
Rick Tresher
1903 N. Peninsula Avenue
New Smyrna Beach, FL 32169
904/428-6530

D
Katherine W. Zow
401 Palmetto Street
New Smyrna Beach, FL 32168
904/424-5237

D = Director C = Chairman VC = Vice Chairman T = Treasurer
S = Secretary P = President