

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004562

1. Entity Name

THE VILLAGES TRI-COUNTY MEDICAL CENTER, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90054 050 ****77.00

Principal Place of Business:

Mailing Address

1400 US HWY 441 NORTH
 SUITE 900 530 *
 THE VILLAGES FL 32159

1400 US HWY 441 NORTH
 SUITE 900 530 *
 THE VILLAGES FL 32159-8957

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 530

Suite, Apt. #, etc.

Suite 530

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3527036

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

ROY, STEVEN M ESQ.
 MCLIN, BURNSSED, MORRISON, JOHNSON, ET AL
 1100 MAIN ST., STE. 211
 THE VILLAGES FL 32159

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 STREET ADDRESS CITY-ST-ZIP	D UPTON, TERRY 1400 US HWY 441 NORTH STE 930 THE VILLAGES FL 32159	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORSE, SHARON 1100 MAIN STREET THE VILLAGES FL 32159	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WISE, JOHN 1100 MAIN STREET THE VILLAGES FL 32159	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAKE, STEVEN 1100 MAIN STREET THE VILLAGES FL 32159	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILLINGSWORTH, MIKE 903 AVENIDA CENTRAL, CITIZENS FIRST BANK THE VILLAGES FL 32159	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGGONER, DON 557 CARRERA DRIVE THE VILLAGES FL 32159	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D H. Gary Morse 1100 Main Street The Villages, FL 32159	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dewey Burnsed P.O. Box 1299 The Villages, FL 32159	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mark Morse 1100 Main Street The Villages, FL 32159	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Wooten 600 East Dixie Avenue Leesburg, FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shannon Elswick P.O. Box 121277 Clermont, FL 34712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Steven M. Roy*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00
 Date

352-753-6900
 Daytime Phone #

CR2E037 (9/99)