2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State
02-11-2000 90035 022 ****61.25

DOCUMENT # N99000003293

1. Entity Name

THE HOSPICE FOUNDATION FOR CARING, INC.

Principal Place of Business	Mailing Address
4266 SUNBEAM ROAD JACKSONVILLE FL 32257	4266 SUNBEAM ROAD JACKSONVILLE FL 32257-6030

DO NOT WRITE IN THIS SPACE

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 59-3583920 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PONDER-STANSEL, SUSAN
4266 SUNBEAM ROAD
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name Gertrude Harris, President

Street Address (P.O. Box Number is Not Acceptable)

4266 Sunbeam Rd

City Jacksonville **FL** Zip Code 32257

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 Gertrude Harris, President 1/25/2000
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 PETWAY, THOMAS F POST OFFICE DRAWER 19197 JACKSONVILLE FL 32247	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KESLER, DELORES 10407 CENTURION PARKWAY NORTH #101 JACKSONVILLE FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OTTENSTOER, DUANE L 1301 RIVERPACE BLVD. SUITE 2340 JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'REILLY, JAMES 13747 HOPE SOUND COURT JACKSONVILLE FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PONDER-STANSEL, SUSAN 4266 SUNBEAM ROAD JACKSONVILLE FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Gertrude Harris 4266 Sunbeam Road Jacksonville Fl 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Gertrude Harris 4266 Sunbeam Rd Jacksonville Fl 32257	☐ Change ☒ 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Gertrude Harris 1/25/2000 904-268-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #