

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90055 021 ****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

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

7. Name and Address of New Registered Agent

**HARRIS, GERTRUDE
 4266 SUNBEAM ROAD
 JACKSONVILLE FL 32257**

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 **C** Delete
 NAME **PETWAY, THOMAS F**
 STREET ADDRESS **POST OFFICE DRAWER 19197**
 CITY-ST-ZIP **JACKSONVILLE FL 32247**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **KESLER, DELORES**
 STREET ADDRESS **10407 CENTURION PARKWAY NORTH #101**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE Change Addition
 NAME **Kesler, Delores**
 STREET ADDRESS **9700 Philips Hwy, #101**
 CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **T** Delete
 NAME **OTTENSTOER, DUANE L**
 STREET ADDRESS **1301 RIVERPACE BLVD. SUITE 2340**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **O'REILLY, JAMES**
 STREET ADDRESS **13747 HOPE SOUND COURT**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE Change Addition
 NAME **Logue, Jack**
 STREET ADDRESS **1800 Paris Street**
 CITY-ST-ZIP **Jacksonville, FL 32204**

TITLE **D** Delete
 NAME **PONDER-STANSEL, SUSAN**
 STREET ADDRESS **4266 SUNBEAM ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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 Harris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-2001

CR2E037 (10/00)

UBR 1.0004

613430



DO NOT WRITE IN THIS SPACE