

2002 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 01, 2002 8:00 am
Secretary of State

04-02-2002 90061 014 ****70.00

DOCUMENT # N99000007332

1. Entity Name

HOSPICE OF THE EMERALD COAST, INC.

Principal Place of Business

Mailing Address

700 W 23RD STREET
 SUITE 59
 PANAMA CITY FL 32405

PO BOX 1520
 LYNN HAVEN FL 32444

26183



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **62-1805874**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

MEZZANOTTE, DONNA
700 W 23RD STREET
SUITE 59
PANAMA CITY FL 32405

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 **CEO** ☐ Delete
 NAME **SHROUT, RAY L**
 STREET ADDRESS **700 W 23RD STREET**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **CEO** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☒ Delete
 NAME **KINNEY, KAREN**
 STREET ADDRESS **700 W 23RD STREET**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE **VP** ☒ Change ☐ Addition
 NAME **CINDY WHIDDON**
 STREET ADDRESS **700 W. 23RD STREET**
 CITY-ST-ZIP **PANAMA CITY, FL 32405**

TITLE **ST** ☒ Delete
 NAME **MEZZANOTTE, DONNA**
 STREET ADDRESS **700 W 23RD STREET**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **FARMER, DENNIS**
 STREET ADDRESS **700 W 23RD STREET**
 CITY-ST-ZIP **PANAMA CITY FL 32405**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02

Date

334-792-1100

Daytime Phone #

CR2E037 (9/01)