

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33442

1. Entity Name

THE CLEVELAND CLINIC FOUNDATION, NONPROFIT CORPO

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90006 048 \*\*\*\*61.25

Principal Place of Business 9500 EUCLID AVE. H-18 CLEVELAND OH 44195-5108	Mailing Address 9500 EUCLID AVE. M-14 ATTN: LISA MAHER CLEVELAND OH 44195-0001 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>34-0714585</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**ANDREW SERVICE CORPORATION OF FLORIDA**  
**201 S BISCAYNE BLVD**  
**STE 2900**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CT</b> <b>MIXON, A. MALACHI III</b> <b>9500 EUCLID AVENUE</b> <b>CLEVELAND OH 44195</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>LERNER, ALFRED</b> <b>9500 EUCLID AVENUE</b> <b>CLEVELAND OH 44195</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ROBERTS, KEVIN R.</b> <b>9500 EUCLID AVENUE</b> <b>CLEVELAND OH 44195</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>STRAFFON, RALPH A MD</b> <b>9500 EUCLID AVENUE</b> <b>CLEVELAND OH 44195</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SHERWIN, JOHN</b> <b>9500 EUCLID AVENUE</b> <b>CLEVELAND OH 44195</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CONWAY, WILLIAM E.</b> <b>9500 EUCLID AVENUE</b> <b>CLEVELAND OH 44195</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEE ATTACHED LISTS.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E. CONWAY **W. ROWAN** 216/444-3192  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (9/99)

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P33442  
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Michael J. Meehan	Assistant Secretary
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3/2000

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P33442  
00070413

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P3-2442  
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