

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43339

1. Entity Name

SEVEN HILLS COMMUNITY MEDICAL CENTER CONDOMINIUM

Principal Place of Business

Mailing Address

43309 US HWY 19 N.
TARPON SPRINGS FL 34689
US

P.O. BOX 1608
TARPON SPRINGS FL 34688-1608
US

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

59-3087231

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

REIMER, FREDERICK
1230 MARINER BLVD
SPRING HILL FL 34609

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 PD
STREET ADDRESS FRIEDLAND, LEWIS M.
CITY-ST-ZIP 43309 US HWY 19N
TARPON SPRINGS FL

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

TITLE
NAME DST
STREET ADDRESS FORD, DAVID
CITY-ST-ZIP 43309 US HWY 19N
TARPON SPRINGS FL

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

TITLE
NAME D
STREET ADDRESS JENNISON, CHERI
CITY-ST-ZIP 43309 US HWY 19N
TARPON SPRINGS FL

TITLE
NAME D
STREET ADDRESS FRAIEGARI, DANTE
CITY-ST-ZIP 43309 US HWY 19N
TARPON SPRINGS FL ☐ Change ☒ Addition

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CITY-ST-ZIP ☐ Delete

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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

LEN FRIEDLAND 1-24-00 727-942-2591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90018 006 ****61.25



DO NOT WRITE IN THIS SPACE