

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000002712**

1. Entity Name

HOSPICE HOLDINGS, INC.**FILED**
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90001 030 ****61.25

Principal Place of Business

12107 MAJESTIC BLVD.
HUDSON FL 34667

Mailing Address

12107 MAJESTIC BLVD.
HUDSON FL 34667

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

59-3467283

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

TAYLOR, RODNEY S
12107 MAJESTIC BLVD
HUDSON FL 34667

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

FILE NOW: FEE IS \$61.25**After September 13, 2000 min. will be \$236.25**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

TITLE **VP** ☐ Delete
NAME **FLECK, PATRICIA**
STREET ADDRESS **5466 SPRINGHILL DR**
CITY-ST-ZIP **SPRINGHILL FL 34606**TITLE **P** ☐ Delete
NAME **GRUEBEL, KENNETH**
STREET ADDRESS **7922 ST RD 42**
CITY-ST-ZIP **HUDSON FL 34667**TITLE **S** ☐ Delete
NAME **FULLER, STEPHANIE**
STREET ADDRESS **10531 FARNAM CT**
CITY-ST-ZIP **PORT RICHEY FL 34668**TITLE **T** ☐ Delete
NAME **CAWLEY, JAY**
STREET ADDRESS **8105 ROXBORO DR**
CITY-ST-ZIP **HUDSON FL 34667**TITLE **ED** ☐ Delete
NAME **TAYLOR, RODNEY S**
STREET ADDRESS **12107 MAJESTIC BLVD**
CITY-ST-ZIP **HUDSON FL 34667**TITLE **D** ☐ Delete
NAME **NILL, CARL**
STREET ADDRESS **10815 LOS SANTOS DRIVE**
CITY-ST-ZIP **PORT RICHEY FL 34668**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)