

3/5/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

03-05-2001 90078 047 ****70.00

DOCUMENT # N97000002712

1. Entity Name

HOSPICE HOLDINGS, INC.

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

TAYLOR, RODNEY S
12107 MAJESTIC BLVD
HUDSON FL 34667

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

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Black, Wayne D	
STREET ADDRESS	2829 Kingswood Circle	
CITY-ST-ZIP	Brooksville, FL 34609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 #

2/21/01