

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90002 025 ****61.25

DOCUMENT # N43339

1. Entity Name

SEVEN HILLS COMMUNITY MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

43309 US HWY 19 N.
 TARPON SPRINGS FL 34689
 US

Mailing Address

P.O. BOX 1608
 TARPON SPRINGS FL 34688-1600
 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

LEVANDIS, JOHN J.
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 **PD** ☐ Delete
 NAME **FRIEDLAND, LEWIS M.**
 STREET ADDRESS **43309 US HWY 19N**
 CITY-ST-ZIP **TARPON SPRINGS FL**

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

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

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

TITLE **D** ☒ Delete
 NAME **FRAIEGARI, DANIE**
 STREET ADDRESS **43309 US HWY 19N**
 CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **DVP** ☐ Change ☒ Addition
 NAME **ALDRIDGE DANIEL**
 STREET ADDRESS **43309 US HWY 19 N**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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

LEW FRIEDLAND

Date

1/23/02

Daytime Phone #

727 942 2591

CR2E037 (9/01)