

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701881

1. Entity Name

BOWLING GREEN MEDICAL CENTER INC

Principal Place of Business

402 W MAIN ST
P.O. BOX 595
BOWLING GREEN FL 33834
US

Mailing Address

PO BOX 595
P.O. BOX 595
BOWLING GREEN FL 33834-0595
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SANDERS, CHARLES H.
402 E MAIN ST
BOWLING GREEN FL 33834

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90188 031 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6139698

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

TITLE NAME ☐ Delete

SD
SANDERS, CHARLES H
404 S. SIXTH AVE.
WAUCHULA FL

TITLE NAME ☐ Delete

D
SCAFFE, NORMAN B
408 E BANNA STREET
BOWLING GREEN, FL 00000

TITLE NAME ☐ Delete

D
NICHOLSON, W N
119 W CENTRAL AVENUE -
BOWLING GREEN, FL 00000

TITLE NAME ☐ Delete

PD
PARKER, JIM
COUNTY LINE RD.
BOWLING GREEN FL

TITLE NAME ☐ Delete

D
NICHOLSON, RICKEY
2980 CR 664
BOWLING GREEN, FL 33834

TITLE NAME ☐ Delete

D
JAMES R. BEST, JR.
1125 BILL BRYAN ROAD
BOWLING GREEN, FL 33834

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

2973 CR 664
BOWLING GREEN, FL 33834

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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:

Charles H. Sanders **SIGNATURE REQUIRED**

CHARLES H. SANDERS

1/5/2000

863-773-4556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)