

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703557

1. Entity Name

THE HARRY E. NORRIS MEMORIAL FUND, INC.

Principal Place of Business

Mailing Address

% FISHERMAN'S HOSPITAL  
3301 OVERSEAS HIGHWAY  
MARATHON FL 33050

% FISHERMAN'S HOSPITAL  
3301 OVERSEAS HIGHWAY  
MARATHON FL 33050-2329

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

65-0030497

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

WRIGHT, THOMAS D.  
POST OFFICE BOX 500309  
10095 OVERSEAS HIGHWAY SUITE #10  
MARATHON FL 33050

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  
NAME GRADICK, KATHARINE S  
STREET ADDRESS 12575 OVERSEAS HWY  
CITY-ST-ZIP MARATHON FL ☐ Delete

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

TITLE V  
NAME THACKER, MARY  
STREET ADDRESS 10961 5TH AVENUE GULF  
CITY-ST-ZIP MARATHON FL 33050 ☐ Delete

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

TITLE SD  
NAME GOTZES, HUBERT  
STREET ADDRESS 821-11TH ST  
CITY-ST-ZIP KEY COLONY BEACH FL ☐ Delete

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

TITLE TD  
NAME CHALBECK, JOHN A.  
STREET ADDRESS 801 11TH STREET  
CITY-ST-ZIP KEY COLONY BEACH FL ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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 #

2/9/2000

FILED  
Feb 21, 2000 8:00 am  
Secretary of State

02-21-2000 90004 046 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE