

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 703557**

1. Entity Name

THE HARRY E. NORRIS MEMORIAL FUND, INC.

Principal Place of Business

**% FISHERMAN'S HOSPITAL
3301 OVERSEAS HIGHWAY
MARATHON FL 33050**

Mailing Address

**% FISHERMAN'S HOSPITAL
3301 OVERSEAS HIGHWAY
MARATHON FL 33050**

2. Principal Place of Business

(NO CHANGE)

3. Mailing Address

(NO CHANGE)

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

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

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**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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD	GRADICK, KATHARINE S	12575 OVERSEAS HWY MARATHON FL	

	V	THACKER, MARY	10961 5TH AVENUE GULF MARATHON FL 33050	<input type="checkbox"/> Delete
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	SD	GOTZES, HUBERT	821-11TH ST KEY COLONY BEACH FL	<input type="checkbox"/> Delete
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	TD	CHALBECK, JOHN A.	801 11TH STREET KEY COLONY BEACH FL	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Delete
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				<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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:

KATHARINE S GRADICK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90405 016 ****61.25

C0039035

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)