

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90001 011 ****61.25

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

46 F.H.A.

Suite, Apt. #, etc.

P.O. Box 500160

City & State

Marathon FL

Zip **33050-0160**

Country **U.S.A.**

3. Mailing Address

P.O. Box 500160

Suite, Apt. #, etc.

City & State

Marathon FL

Zip **33050-0160**

Country **U.S.A.**



DO NOT WRITE IN THIS SPACE

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

Katharine S. Gradick

1-30-02 305-289-0870

CR2E037 (9/01)