

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90101 044 ****61.25

DOCUMENT # 704282

1. Entity Name

BETHESDA HOSPITAL FOUNDATION, INC.

Principal Place of Business

**2815 SOUTH SEACREST BLVD
BOYNTON BEACH FL 33435**

Mailing Address

**PO BOX 2200
DELRAY BCH. FL 33447-2200**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6137805

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LONDON, MARK
3731 MYKONOS CT
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name

Kay Harvey

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

2076 Cezanne Road

City

West Palm Beach

FL

Zip Code
33409

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 **Kay Harvey**

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

2/15/2002

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	CD BRYANT, DONALD L 1489 PARTRIDGE PLACE NORTH BOYNTON BCH. FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIPLEY, RAYMOND JR. 3603 QUAIL RIDGE DRIVE BOYNTON BEACH FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELEEZA, REX 52 COUNTRY RD W VILLAGE OF GOLF FL 33436 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUANE, III, J. MARSHALL 1095 HIBISCUS AVE DELRAY BCH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	J. Marshall Duane Chairman 1095 Hibiscus Avenue Delray Beach, Florida <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Arthur P. Bartholomew 6665 North Ocean Blvd #B-5 Ocean Ridge, Florida <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Mary Morrell 1065 Del Haven Drive Delray Beach, Florida <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Elect Thomas J. Wolff 10735 Spicewood Trail Boynton Beach, Florida <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **J. Marshall Duane**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/2002

Date

Daytime Phone #

CR2E037 (9/01)