

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90221 005 ****66.25

DOCUMENT # 705385

1. Entity Name

FORT PIERCE MEMORIAL HOSPITAL SCHOLARSHIP FOUNDA

Principal Place of Business

**905 IBIS AVE
 FORT PIERCE FL 34982**

Mailing Address

**FPMH
 P.O. BOX 12998
 FORT PIERCE FL 34979**

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

59-0651084

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

**FEE, FRANK H III, ESQ
 401-A S. INDIAN RIVER DRIVE
 FT PIERCE FL 33450**

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 *X*

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CD
 KING, BASIL L
 1013 N. 12TH STREET
 FT PIERCE FL 34950** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**STD
 JOHNSTON, FREDERICK T.
 334 S.E. NARANJA AVENUE
 PORT ST. LUCIE FL 34952** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 CAMBRON, C ROBERT
 715 LAGOON ROAD
 VERO BEACH FL 32980** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 ABERNETHY, BRUCE
 5807 S. INDIAN RIVER DR
 FT PIERCE FL 34982** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 GATES, PHILIP C SR
 2323 S. INDIAN RIVER DR
 FT PIERCE FL 34982** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-01 561-461-4310

Date

Daytime Phone #

CR2E037 (10/00)

Attachment
105385
D0025497

PLEASE ADD

D
ALLEN, BARBARA
281 Marina Drive
Fort Pierce, Florida 34949

D
BENTON, MARGARET
800 Virginia Avenue, Suite 10
Fort Pierce, Florida 34982

D
FEE, III, FRANK H.
2821 S. Indian River Drive
Fort Pierce, Florida 34954

D
VOGEL Ed. D, BILL
4200 N.A1A, Apt. 815 B
Fort Pierce, Florida 34949

PLEASE CORRECT CHANGES TO

Johnston, Frederick T.

Cambron, C. Robert

Thank you