

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90001 037 ****61.25

DOCUMENT # 708627

1. Entity Name

TRUSTEES OF MEASE HOSPITAL, INC.

Principal Place of Business

Mailing Address

**601 MAIN STREET
 DUNEDIN FL 34698**

**601 MAIN STREET
 DUNEDIN FL 34698-5848**

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

59-0855412

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEAUCHAMP, PHILIP K.
 601 MAIN STREET
 6TH FLOOR
 DUNEDIN FL 34698**

Name **James A. Pfeiffer**

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

Administration Office

City **Dunedin**

FL

Zip Code
34698

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	<input checked="" type="checkbox"/> Delete
NAME	BEAUCHAMP, PHILIP K	
STREET ADDRESS	609 SOUNDVIEW DR.	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, WILLIAM F	
STREET ADDRESS	2374 SARAZEN DR.	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VDC	<input type="checkbox"/> Delete
NAME	STONE, DAVID	
STREET ADDRESS	1150 CLEVELAND STREET	
CITY-ST-ZIP	CLEARWATER FL 33757	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MCGIVNEY, ROBERT	
STREET ADDRESS	35388 US 19 NORTH	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASE, JANICE	
STREET ADDRESS	17757 US 19 NORTH, STE #600	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAMILTON, KEN	
STREET ADDRESS	10 BAY ESPLANADE	
CITY-ST-ZIP	CLEARWATER BEACH FL 34630	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pfeiffer, James A.	
STREET ADDRESS	601 Main Street	
CITY-ST-ZIP	Dunedin, FL 34698	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

Daytime Phone #

CR2E037 (9/99)