

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708627

1. Entity Name

TRUSTEES OF MEASE HOSPITAL, INC.

Principal Place of Business

601 MAIN STREET  
DUNEDIN FL 34698

Mailing Address

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

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, type or print 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 ☒ Delete  
NAME BEAUCHAMP, PHILIP K  
STREET ADDRESS 609 SOUNDVIEW DR.  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE P ☒ Change ☐ Addition  
NAME Pfeiffer, James A.  
STREET ADDRESS 601 Main Street  
CITY-ST-ZIP Dunedin, FL 34698

TITLE D ☐ Delete  
NAME ALLEN, WILLIAM F  
STREET ADDRESS 2374 SARAZEN DR.  
CITY-ST-ZIP DUNEDIN FL 34698

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

TITLE VDC ☐ Delete  
NAME STONE, DAVID  
STREET ADDRESS 1150 CLEVELAND STREET  
CITY-ST-ZIP CLEARWATER FL 33757

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

TITLE CD ☐ Delete  
NAME MCGIVNEY, ROBERT  
STREET ADDRESS 35388 US 19 NORTH  
CITY-ST-ZIP PALM HARBOR FL 34684

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

TITLE D ☐ Delete  
NAME CASE, JANICE  
STREET ADDRESS 17757 US 19 NORTH, STE #600  
CITY-ST-ZIP CLEARWATER FL 33764

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

TITLE D ☐ Delete  
NAME HAMILTON, KEN  
STREET ADDRESS 10 BAY ESPLANADE  
CITY-ST-ZIP CLEARWATER BEACH FL 34630

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)