2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State
02-02-2000 90129 037 ***158.75

DOCUMENT # 710095

1. Entity Name

ALL CHILDREN'S HOSPITAL GUILD, INC.

Principal Place of Business	Mailing Address
777 4TH ST SOUTH P.O. BOX 3142 ST PETERSBURG FL 33701 US	777 4TH ST SOUTH P.O. BOX 3142 ST PETERSBURG FLA 33731-3142 US

DO NOT WRITE IN THIS SPACE

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 59-6173263 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HORTON, J. LLOYD
800 FIFTH STREET S
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name: Joel D. Momberg

Street Address (P.O. Box Number is Not Acceptable): 777 4th Street South 3rd Flr

City: St. Petersburg **FL** Zip Code: 33701

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	CEOD GIVEN, LEE 3500 BAYSHORE BLVD NE ST PETERSBURG FL 33703-5512	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CCEO NEELY, DIANA 8767 HERSHEY LN SEMINOLE FL 33777	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RSD GREGORY, SUSAN 7332 REGINA ROYALE SARASOTA FL 34238-4579	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSD WASHABAU, LILLIAN E 1148 RUSTLWOOD CT PALM HARBOR FL 34684-2847	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSD HOWELLS, PAT 8943 WICKER LANE NEW PORT RICHEY FL 34654-5015 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRD MICHAEL, ANNE 201 OLD MILL POND RD PALM HARBOR FL 34683-1714	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRED KACE, SUSAN PO BOX 17158 CLEARWATER FL 33762	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRED TURNER, DEBBIE 4110 BAYSHORE BLVD NE ST PETERSBURG FL 33703-5524 ☒ Change ☐ Addition

CR2E037 (9/99)

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 1/20/00