

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712822

1. Entity Name

WINTER PARK MEMORIAL HOSPITAL ASSOCIATION, INC.

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90092 045 ****61.25

Principal Place of Business

1870 ALOMA DR Avenue
SUITE 200
WINTER PARK FL 32789
US

Mailing Address

P.O. BOX 2647
SUITE 202
WINTER PARK FL 32790-2647
US

00006300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0669460

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ASHMORE, PATRICIA M.
1870 ALOMA AVENUE
SUITE 200
WINTER PARK FL 32789

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

Patricia M. Ashmore

Patricia M. Ashmore, President

January 5, 2000

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 CD ☐ Delete
NAME GRAMMAR, LESLIE C. J
STREET ADDRESS 333 TRISMEN TERRACE
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE PD ☐ Delete
NAME ASHMORE, PATRICIA M.
STREET ADDRESS 1870 ALOMA AVENUE, SUITE 200
CITY-ST-ZIP WINTER PARK FL

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

TITLE VD ☒ Delete
NAME YOCHUM, THOMAS H
STREET ADDRESS 1131 VIA LUGANO
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE TSD ☒ Delete
NAME POOLE, MICHAEL
STREET ADDRESS 222 W. COMSTOCK AVE., #200
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE TSD ☐ Delete
NAME SEYMOUR, THADDEUS
STREET ADDRESS 1350 COLLEGE POINT
CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE VD ☐ Delete
NAME WALKER, WILLIAM A. II
STREET ADDRESS 2171 GLENCOE ROAD
CITY-ST-ZIP WINTER PARK, FL 32789

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: *Patricia M. Ashmore* SIGNATURE REQUIRED Patricia M. Ashmore, Pres. 1/5/00 (407) 644-2300

CR2E037 (9/99)