

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90492 042 ****61.25

0011750

DOCUMENT # 712822

1. Entity Name

WINTER PARK HEALTH FOUNDATION, INC.

Principal Place of Business

Mailing Address

1870 ALOMA DR
SUITE 200
WINTER PARK FL 32789
US

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

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 **59-0669460**

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

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

Name **Patricia A. Maddox**

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

1870 Aloma Avenue - Ste. 200

City **Winter Park**

FL

Zip Code
32789

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 A. Maddox

Patricia A. Maddox, President

3-21-02

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

TITLE **P/D** ☒ Change ☐ Addition
NAME **Patricia A. Maddox**
STREET ADDRESS **1870 Aloma Avenue, Ste. 200**
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE **SD** ☒ Delete
NAME **SEYMOUR, THADDEUS**
STREET ADDRESS **1350 COLLEGE POINT**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **C/D** ☐ Change ☒ Addition
NAME **Michael W. Poole**
STREET ADDRESS **250 Park Avenue South, Ste. 600**
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE **CD** ☒ Delete
NAME **WALKER, WILLIAM A II**
STREET ADDRESS **2171 GLENCOE ROAD**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **S/D** ☐ Change ☒ Addition
NAME **Allan E. Keen**
STREET ADDRESS **1031 W. Morse Blvd., Ste. 325**
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE **VD** ☐ Delete
NAME **KELLEY, J DARRELL**
STREET ADDRESS **1018 TEMPLE GROVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **V/C/D** ☒ Change ☐ Addition
NAME **J. Darrell Kelley**
STREET ADDRESS **485 N. Keller Road, Ste. 100**
CITY-ST-ZIP **Maitland, FL 32751**

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

TITLE **T/D** ☐ Change ☒ Addition
NAME **Clarence Otis, Jr.**
STREET ADDRESS **5900 Lake Ellenor Drive**
CITY-ST-ZIP **Orlando, FL 32809**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 A. Maddox
SIGNATURE REQUIRED

Patricia A. Maddox, President

3-21-02

407/644-2300

Date

Daytime Phone #

CR2E037 (9/01)