

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 06, 2001 08:00 AM****Secretary of State****DOCUMENT # 718695****1. Entity Name**

TARPON SPRINGS HOSPITAL FOUNDATION, INC.

Principal Place of Business1395 SOUTH PINELLAS AVENUE
PO BOX 1487
TARPON SPRINGS
346881487

FL

US

Mailing Address1395 SOUTH PINELLAS AVENUE
PO BOX 1487
TARPON SPRINGS
346881487

FL

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**59-0898901**

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**KIEFER JOSEPH N.
1395 SOUTH PINELLAS AVENUE
POST OFFICE BOX 1487
TARPON SPRINGS
34689

FL

US

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

03/06/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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 NAME STREET ADDRESS CITY-ST-ZIP	D EILAND DOUGLAS M.D. 1395 S PINELLAS AVENUE TARPON SPRINGS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D PARKER THADDEUS C 4720 CYPRESS STREET TAMPA FL 33607	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPENLAU RONALD 1420 SUNSET RD TARPON SRPINGS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D DOCKERY ROBERT J 64 INNESS DRIVE TARPON SRPINGS FL 34689	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPE GLORIA R.N. P 900 PENINSULA AVE TARPON SPRINGS FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPE GLORIA R.N. P 900 PENINSULA AVE TARPON SPRINGS FL 34689	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARNER, LESTER 504 HILLCREST AVENUE TARPON SPRINGS, FL 00000	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D GARNER LESTER H 504 HILLCREST AVENUE TARPON SPRINGS FL 34689	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE CLOY B 4533 MARINE PARKWAY, #103 NEW PORT RICHEY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D COUCH THEODORE J 1717 E. FOLWER AVENUE TAMPA FL 33612	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINSON DANIEL B 456 EAST TARPON AVE TARPON SPRING FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINSON DANIEL B 456 EAST TARPON AVE TARPON SPRING FL 34689	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

ROBERT J. DOCKERY

S/D

03/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

JOSE VIVERO, DIRECTOR
13540 N. FLORIDA AVENUE, #104

TAMPA, FL 33613

BARBARA VAN WINKLE, DIRECTOR
37026 U.S. HWY 19 N.

PALM HARBOR, FL 34684

NORM STEIN, DIRECTOR
3100 E. FLETCHER AVENUE

TAMPA, FL 33613

GEORGE MARCUS, DIRECTOR

2714 MORRISON AVENUE
TAMPA, FL 33629

N. MICHAEL KOUSKOUTIS, DIRECTOR
35 W. LEMON STREET

TARPON SPRINGS, FL 34689

SCOTT BRONLEWEE, MD, DIRECTOR
3000 E. FLETCHER AVENUE

TAMPA, FL 33613