

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721080

1. Entity Name

LAKELAND REGIONAL MEDICAL CENTER FOUNDATION, INC

Principal Place of Business

1324 LAKELAND HILLS BLVD.
P.O. BOX 95448
LAKELAND FL 33804

Mailing Address

1324 LAKELAND HILLS BLVD.
P.O. BOX 95448
LAKELAND FL 33804-5448

2. Principal Place of Business

129 S. Kentucky Ave.

Suite, Apt. #, etc.

Suite 601

City & State
Lakeland, FL

Zip
33801

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-7134974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEPHENS, JACK T.
1324 LAKELAND HILLS BLVD.
(P. O. BOX 95448)
LAKELAND FL 33804

7. Name and Address of New Registered Agent

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ALLEN, PHILIP O 100 E. MAIN ST LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD COX, JEFFREY 123 KENWITH CT LAKELAND FL 33803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD STEPHENS, JACK T. 381 E. BELVEDERE LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOKS, HOLLIS 1102 S. FLORIDA AVE LAKELAND FL 33808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REAVIS, WILTON 4301 CLEVELAND HEIGHTS BLVD LAKE LAND FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMSEY, HELEN 2304 WOODLEY AVE LAKELAND FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	q/b	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	y/cp	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack T. Stephens

Date

1-7-2000

Daytime Phone #

(863)
687-1296

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90002 042 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)