

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 24, 2001 08:00 AM****Secretary of State****DOCUMENT # 721080****1. Entity Name****LAKELAND REGIONAL MEDICAL CENTER FOUNDATION, INC.****Principal Place of Business**

129 S KENTUCKY AVE

LAKELAND  
33801

FL

**Mailing Address**

1324 LAKELAND HILLS BLVD.

P.O. BOX 95448

LAKELAND  
33804

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

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****7. Name and Address of New Registered Agent**

STEPHENS, JACK T.

1324 LAKELAND HILLS BLVD.

(P. O. BOX 95448)

LAKELAND

33804

US

FL

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 JACK T. STEPHENS****01/24/2001**

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**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> RAMSEY HELEN 2304 WOODLEY AVE LAKELAND FL	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD</b> JACKSON LEE 187 LAKE MORTON DR LAKELAND FL 33802	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> REAVIS WILTON 4301 CLEVELAND HEIGHTS BLVD LAKE LAND FL 33813	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> MORGAN PAUL K 306 KENWITH RD LAKELAND FL 33803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VCD</b> HOOKS HOLLIS 1102 S. FLORIDA AVE LAKELAND FL 33806	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> HOOKS HOLLIS 1102 S. FLORIDA AVE LAKELAND FL 33806	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TSD</b> STEPHENS, JACK T. 381 E. BELVEDERE LAKELAND FL	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TSD</b> STEPHENS, JACK T. 1324 LAKELAND HILLS BLVD LAKELAND FL 33804	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> COX JEFFREY 123 KENWITH CT LAKELAND FL 33803	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> COX JEFFREY 123 KENWITH CT LAKELAND FL 33803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> ALLEN PHILIP O 100 E. MAIN ST LAKELAND FL	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BELCOURT LLEWELLYN N 500 S FLORIDA AVE, 8TH FLOOR LAKELAND FL 33801	<input checked="" 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)(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: JACK T. STEPHENS**

STD

01/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

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**WILKES, GREGORY C.      DIRECTOR**

**205 E. ORANGE STREET  
LAKELAND, FL 33801**

**SLOMAN, IHLA P.      DIRECTOR**

**1200 W. MEMORIAL BLVD  
LAKELAND, FL 33815**

**SHEETS, SANDRA G.      DIRECTOR**

**92 LAKE WIRE DR  
LAKELAND, FL 33815**

**REIMANN, ARTHUR C.      DIRECTOR**

**1832 HARDEN BLVD  
LAKELAND, FL 33803**

**MUNDY, CRAIG A.      DIRECTOR**

**4921 SOUTHFORK DR  
LAKELAND, FL 33813**

**LYONS, DORIS B.      DIRECTOR**

**228 S. MASSACHUSETTS AVE  
LAKELAND, FL 33802**

**CANNON, JOHN T., III      DIRECTOR**

**332 EUNICE DR  
LAKELAND, FL 33803**

**BUZZANCA, FRANK      DIRECTOR**

**POB 1849  
BARTOW, FL 33831**

**BOVAY, CHARLES W.      DIRECTOR**

**2402 NEWPORT AVE  
LAKELAND, FL 33803**

**BEVIS, ROBERT H      DIRECTOR**

**1600 LAKELAND HILLS BLVD  
LAKELAND, FL 33804**