

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-03-2002 90026 015 ****61.25

DOCUMENT # 721080

1. Entity Name

LAKELAND REGIONAL MEDICAL CENTER FOUNDATION, INC

Principal Place of Business

**129 S KENTUCKY AVE
 LAKELAND FL 33801**

Mailing Address

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

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

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 FL 33804**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **BELCOURT, LLEWELLYN N**
 STREET ADDRESS **500 S FLORIDA AVE, 8TH FLOOR**
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **BOVAY, CHARLES W.**
 CITY-ST-ZIP **2402 NEWPORT AVE.
 LAKELAND, FL 33803-3343**

TITLE **D** ☒ Delete
 NAME **COX, JEFFREY**
 STREET ADDRESS **123 KENWITH CT**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **BOVAY, CHARLES W.**
 CITY-ST-ZIP **2402 NEWPORT AVE.
 LAKELAND, FL 33803-3343**

TITLE **TSD** ☐ Delete
 NAME **STEPHENS, JACK T.**
 STREET ADDRESS **1324 LAKELAND HILLS BLVD**
 CITY-ST-ZIP **LAKELAND FL 33804**

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **BOVAY, CHARLES W.**
 CITY-ST-ZIP **2402 NEWPORT AVE.
 LAKELAND, FL 33803-3343**

TITLE **CD** ☐ Delete
 NAME **HOOKE, HOLLIS**
 STREET ADDRESS **1102 S. FLORIDA AVE**
 CITY-ST-ZIP **LAKELAND FL 33806**

TITLE **D** ☒ Change ☐ Addition
 NAME **BOVAY, CHARLES W.**
 STREET ADDRESS **2402 NEWPORT AVE.**
 CITY-ST-ZIP **LAKELAND, FL 33803-3343**

TITLE **D** ☐ Delete
 NAME **MORGAN, PAUL K**
 STREET ADDRESS **306 KENWITH RD**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **VCD** ☒ Change ☐ Addition
 NAME **BOVAY, CHARLES W.**
 STREET ADDRESS **2402 NEWPORT AVE.**
 CITY-ST-ZIP **LAKELAND, FL 33803-3343**

TITLE **VCD** ☐ Delete
 NAME **JACKSON, LEE**
 STREET ADDRESS **187 LAKE MORTON DR**
 CITY-ST-ZIP **LAKELAND FL 33802**

TITLE **CD** ☒ Change ☐ Addition
 NAME **BOVAY, CHARLES W.**
 STREET ADDRESS **2402 NEWPORT AVE.**
 CITY-ST-ZIP **LAKELAND, FL 33803-3343**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Officers and Directors

D

Cannon, John T, III
332 Eunice Drive
Lakeland, FL 33803

D

Crenshaw, Denise
1429 Oaklawn Place
Lakeland, FL 33803

D

Duque, Ricardo E., MD
LRMC Pathology
1324 Lakeland Hills Blvd
Lakeland, FL 33804

D

Fore, R. Scott
414 E. Maxwell St.
Lakeland, FL 33803

D

Irby, Mark
1404 Briarwood Lane
Lakeland, FL 33803

D

Mann, David M.
6556 Crescent Lake Dr.
Lakeland, FL 33813

D

Mundy, Craig A.
4921 Southfork Drive
Lakeland, FL 33813

D

Reimann, Arthur C.
3518 Barley Lane
Lakeland, FL 33803

D

Sheets, Sandra G.
92 Lake Wire Dr
Lakeland, FL 33815

D

Sloman, Ihla P.
1200 W. Memorial Blvd
Lakeland, FL 33815

Attachment 916136
721080