

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721956

1. Entity Name

CHRISTIAN MEDICAL FOUNDATION INTERNATIONAL, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90229 014 ****61.25

Principal Place of Business

730 W EMMA ST
TAMPA FL 33603
US

Mailing Address

P.O. BOX 152136
TAMPA FL 33684-2136
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7259331

Applied For

Not Applicable

Zip

Country

Zip

Country

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

REED, WILLIAM S
4300 N RIVERSIDE DR.
TAMPA FL 33603

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
NAME THORNTON, CAROLYN
STREET ADDRESS 5115 LAKE LECLARE
CITY-ST-ZIP LUTZ FL 33549 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME REED, WILLIAM S MD
STREET ADDRESS 4300 N RIVERSIDE DR.
CITY-ST-ZIP TAMPA, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME WOLFE, GENE
STREET ADDRESS 502 E MORRELL DR
CITY-ST-ZIP PLANT CITY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME CASTELLANO, JOSEPHINE
STREET ADDRESS 305 N HESPERIDES
CITY-ST-ZIP TAMPA FL 33609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME RASMUSSEN, RONALD
STREET ADDRESS 12301 SUNSHINE LANE
CITY-ST-ZIP TREASURE ISLAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME REED, KAY
STREET ADDRESS 4300 N RIVERSIDE DR.
CITY-ST-ZIP TAMPA, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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)(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 responsible to execute the duties required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment.

SIGNATURE:

William S. Reed, M.D.

4/28/00 (813) 930-0714

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)