

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90111 050 ****61.25

DOCUMENT # 723106

1. Entity Name

INDIAN RIVER HOSPITAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

1000-36TH STREET
 VERO BEACH FL 32960

1000-36TH STREET
 VERO BEACH FL 32960-4862

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0760215

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required.

00003001



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUSI, JEFFREY L
1000 36TH ST.
VERO BEACH FL 32960

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: **VD** Delete
 NAME: **HARCOURT, AMORY J**
 STREET ADDRESS: **5680 NORTH A1A, APT. 107**
 CITY-ST-ZIP: **VERO BEACH FL**

TITLE: Change Addition
 NAME: **D**
 STREET ADDRESS: **HOPKINS, CARTER**
 CITY-ST-ZIP: **1580 GRACEWOOD LANE VERO BEACH, FL 32963**

TITLE: **TD** Delete
 NAME: **HOPKINS, CARTER**
 STREET ADDRESS: **1580 GRACEWOOD LANE**
 CITY-ST-ZIP: **VERO BEACH FL**

TITLE: Change Addition
 NAME: **D**
 STREET ADDRESS: **HOPKINS, CARTER**
 CITY-ST-ZIP: **1580 GRACEWOOD LANE VERO BEACH, FL 32963**

TITLE: **PD** Delete
 NAME: **MATTHEWS, RICHARD L**
 STREET ADDRESS: **726 RIOMAR DRIVE**
 CITY-ST-ZIP: **VERO BEACH FL**

TITLE: Change Addition
 NAME: **VD**
 STREET ADDRESS: **BROWN, DAVID C.**
 CITY-ST-ZIP: **5120 ST. ANDREWS ISLAND DRIVE VERO BEACH, FL 32967**

TITLE: Delete
 NAME: **TD**
 STREET ADDRESS: **MC DERMOTT, RICHARD**
 CITY-ST-ZIP: **3055 CARDINAL DRIVE VERO BEACH, FL 32963**

TITLE: Change Addition
 NAME: **VD**
 STREET ADDRESS: **BROWN, DAVID C.**
 CITY-ST-ZIP: **5120 ST. ANDREWS ISLAND DRIVE VERO BEACH, FL 32967**

TITLE: Delete
 NAME: **TD**
 STREET ADDRESS: **MC DERMOTT, RICHARD**
 CITY-ST-ZIP: **3055 CARDINAL DRIVE VERO BEACH, FL 32963**

TITLE: Change Addition
 NAME: **M**
 STREET ADDRESS: **LYNDE S. KARIN**
 CITY-ST-ZIP: **2029 CLUB DRIVE VERO BEACH, FL 32963**

TITLE: Delete
 NAME: **M**
 STREET ADDRESS: **LYNDE S. KARIN**
 CITY-ST-ZIP: **2029 CLUB DRIVE VERO BEACH, FL 32963**

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 REQUIRED.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2000 (56)567-4311

Date

Daytime Phone #

81611

CR2E037 (9/99)

D0003001

INDIAN RIVER HOSPITAL FOUNDATION 2000 UNIFORM BUSINESS REPORT

Block 11-Continued

Title Name	D Addition Blaicher, Frederick
Street Address	2770 Indian River Blvd
City-St-Zip	Vero Beach, FL 32960
Title Name	D Addition Booms, Florence
Street Address	1845 Waterford Drive #5
City-St-Zip	Vero Beach, FL 32966
Title Name	D Addition Caldwell, Richard C.
Street Address	620 Indian Harbor Road
City-St-Zip	Vero Beach, FL 32963
Title Name	D Addition Conrad, Bette
Street Address	3055 Cardinal Drive, Suite 301
City-St-Zip	Vero Beach, FL 32963
Title Name	D Addition Legler, Robert
Street Address	10636 Eton Way
City-St-Zip	Vero Beach, FL 32963
Title Name	D Addition Nichols, Frederick M.D.
Street Address	300 Harbor Drive, #105B
City-St-Zip	Vero Beach, FL 32963

Title Name	SD Addition Post, Helen
Street Address	15 Cache Cay Drive
City-St-Zip	Vero Beach, FL 32963
Title Name	D Addition Poutiatine, Michael
Street Address	2095 Mooringline Drive
City-St-Zip	Vero Beach, FL 32963
Title Name	D Addition Scott, J. Clinton
Street Address	1926 Ocean Drive
City-St-Zip	Vero Beach, FL 32963
Title Name	D Addition Susi, Jeffrey
Street Address	1000 36th Street
City-St-Zip	Vero Beach, FL 32960
Title Name	D Addition Thompson, William
Street Address	240 John's Island Drive
City-St-Zip	Vero Beach, FL 32960
Title Name	D Addition von Zielinski, Theodore M.D.
Street Address	777 37th Street
City-St-Zip	Vero Beach, FL 32960