

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724930

1. Entity Name

ST. LUKES MEDICAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

% DONALD R. TULLY
69 AVISTA CIRCLE
ST. AUGUSTINE FL 32084

% DONALD R. TULLY
69 AVISTA CIRCLE
ST. AUGUSTINE FL 32084

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 23-7264555

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

MILNE, DOUGLAS J., ESQ.
105 RIVERSIDE AVENUE
P.O. BOX 41222
JACKSONVILLE FL 32203

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
After September 12, 2001, min. will be \$236.25

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 PD
NAME SHELLEY, J A DR
STREET ADDRESS 101 ARPIEKA AVE
CITY-ST-ZIP ST. AUGUSTINE FL

☐ Delete

TITLE SD
NAME TRICE, E.W., MRS.
STREET ADDRESS 200 ARREDONDO AVENUE
CITY-ST-ZIP ST. AUGUSTINE FL

☐ Delete

TITLE TD
NAME TULLY, DONALD R.
STREET ADDRESS 69 AVISTA CIRCLE
CITY-ST-ZIP ST. AUGUSTINE FL

☐ Delete

TITLE D
NAME SHELLEY, J. A., DR.
STREET ADDRESS 101 ARPIEKA AVE.
CITY-ST-ZIP ST. AUGUSTINE FL

☐ Delete

TITLE D
NAME GRAY, D. R.
STREET ADDRESS C/O ST AUGUSTINE HOSP'TL
CITY-ST-ZIP ST. AUGUSTINE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE DIRECTOR
NAME UPCHURCH, TRACY W
STREET ADDRESS 398 OLD QUARRY RD.
CITY-ST-ZIP ST AUGUSTINE FL 32080

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 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]

[Signature]

[Signature]

FILED
Jul 17, 2001 8:00 am
Secretary of State

07-17-2001 90007 047 ****61.25

AVU44437



DO NOT WRITE IN THIS SPACE

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