2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90659 035 ****61.25

DOCUMENT # 727231

1. Entity Name
VOLUNTEERS OF NEW PORT RICHEY HOSPITAL, INC.

Principal Place of Business	Mailing Address
P.O. BOX 996 NEW PORT RICHEY FL 34656	P.O. BOX 996 NEW PORT RICHEY FL 34656

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Volunteers of N.P.R. Hosp	Same
Suite, Apt. #, etc.: 5637 Marine Pkwy	Suite, Apt. #, etc.: P.O. Box 996
City & State: New Port Richey, Fl.	City & State: New Port Richey, Fl.
Zip: 34656 Country: Pasco	Zip: 34656 Country: Pasco

4. FEI Number 59-1907202 ☐ 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
MABEE, CLAIR 5637 MARINE PKWY. NEW PORT RICHEY FL 34656	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Claire Mabee
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE January 09, '03

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTR PRACE, DAVID 4745 FLORAMAR TERRACE NEW PORT RICHEY FL 34652	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ROLLO, FRANK 7235 CARLTON ARMS DRIVE NEW PORT RICHEY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR MABEE, CLAIR 5637 MARINE PKWY NEW PORT RICHEY FL 34656	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STRACHAN, MARCIA 4400 FORT SHAW DRIVE NEW PORT RICHEY FL 34655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BARBARA TADDY 4452 GARNET DRIVE NEW PORT RICHEY, FL. 34652 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCQUEEN, BARBARA 5637 MARINE PKWY NEW PORT RICHEY FL 34656	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JUNE STIDHAM 9546 DANVILLE COURT NEW PORT RICHEY FL 34655 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: Claire Mabee SIGN HERE REQUIRED CLAIRE MABEE Jan. 09 2003 727-848-1733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR