

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733164

1. Entity Name

THE METHODIST HOSPITAL FOUNDATION, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90195 046 \*\*\*\*61.25

Principal Place of Business

Mailing Address

580 WEST 8TH ST.  
 JACKSONVILLE FL 32209

~~580 WEST 8TH ST.  
 JACKSONVILLE FL 32209-6599~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 Jacksonville FL

Zip

Country

Zip  
 32209

Country

USA

4. FEI Number

59-1637581

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH HULSEY & BUSEY  
 225 WATER STREET  
 SUITE 1800  
 JACKSONVILLE FL 32202

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

*Henry L. Milton*  
 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	PSTD	<input checked="" type="checkbox"/> Delete
NAME	DREWA, MARCUS E	
STREET ADDRESS	580 W. 8TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HOUSER, FRANK C.	
STREET ADDRESS	524 STOCKTON ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	BURROUGHS, RICHARD B., JR	
STREET ADDRESS	2626 APACHE AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	GAY, W.W.	
STREET ADDRESS	580 WEST EIGHTH STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	DIXON, R. E	
STREET ADDRESS	580 WEST 8TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEE ATTACHED	
STREET ADDRESS	EXHIBIT A	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Henry L. Milton* SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 904-549-3707

Date Daytime Phone #

CR2E037 (9/99)

733164

Attachment  
727505

<b>Title</b>	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Name</b>	Richard D. Danford	
<b>Address</b>	233 West Duval Street, 14 <sup>th</sup> Floor	
<b>City-ST-Zip</b>	Jacksonville, Florida 32202	
<b>Title</b>	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Name</b>	William W. Gay	
<b>Address</b>	524 Stockton Street	
<b>City-ST-Zip</b>	Jacksonville, Florida 32204	
<b>Title</b>	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Name</b>	Allen L. Lastinger	
<b>Address</b>	1145 Campbell Avenue	
<b>City-ST-Zip</b>	Jacksonville, Florida 32207	
<b>Title</b>	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Name</b>	J. Sample Magee, M.D.	
<b>Address</b>	580 West 8 <sup>th</sup> Street	
<b>City-ST-Zip</b>	Jacksonville, Florida 32202	
<b>Title</b>	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Name</b>	Harold S. O'Steen	
<b>Address</b>	759 Edgewood Avenue North	
<b>City-ST-Zip</b>	Jacksonville, Florida 32205	
<b>Title</b>	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Name</b>	Pamela Y. Paul	
<b>Address</b>	117 West Duval Street, Suite 400	
<b>City-ST-Zip</b>	Jacksonville, Florida 32202	
<b>Title</b>	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Name</b>	Carolyn Roberts	
<b>Address</b>	115 N.E. 8 <sup>th</sup> Avenue	
<b>City-ST-Zip</b>	Ocala, Florida 34470	
<b>Title</b>	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Name</b>	Louis S. Russo, M.D.	
<b>Address</b>	653 West 8 <sup>th</sup> Street	
<b>City-ST-Zip</b>	Jacksonville, Florida 32209	
<b>Title</b>	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Name</b>	L. Jerome Spates	
<b>Address</b>	4727 Lannie Road	
<b>City-ST-Zip</b>	Jacksonville, Florida 32219	

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Attachment

767553

2000 Uniform Business Report (UBR)  
The Methodist Hospital Foundation, Inc.  
Document #733164  
Exhibit A

<b>Title</b>	C, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Name</b>	J. Richard Gaintner, M.D.	
<b>Address</b>	1600 S.W. Archer Road	
<b>City-ST-Zip</b>	Gainesville, Florida 32610	
<b>Title</b>	P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Name</b>	Robert G. Norton	
<b>Address</b>	655 West 8 <sup>th</sup> Street	
<b>City-ST-Zip</b>	Jacksonville, Florida 32209	
<b>Title</b>	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Name</b>	Thomas D. Keith	
<b>Address</b>	655 West 8 <sup>th</sup> Street	
<b>City-ST-Zip</b>	Jacksonville, Florida 32209	
<b>Title</b>	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Name</b>	Greg H. Gay	
<b>Address</b>	655 West 8 <sup>th</sup> Street	
<b>City-ST-Zip</b>	Jacksonville, Florida 32209	
<b>Title</b>	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Name</b>	David Friedman	
<b>Address</b>	655 West 8 <sup>th</sup> Street	
<b>City-ST-Zip</b>	Jacksonville, Florida 32209	
<b>Title</b>	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Name</b>	Kenneth I. Berns, M.D., Ph.D.	
<b>Address</b>	1600 S.W. Archer Road, Room H-102	
<b>City-ST-Zip</b>	Gainesville, Florida 32610	
<b>Title</b>	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Name</b>	Fred B. Bullard	
<b>Address</b>	2325 Ulmerton Road, Suite 20	
<b>City-ST-Zip</b>	Ocala, Florida 34622-2253	
<b>Title</b>	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Name</b>	Marshall M. Criser	
<b>Address</b>	50 N. Laura Street, Suite 3400	
<b>City-ST-Zip</b>	Jacksonville, Florida 32202	