

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 15, 2001 08:00 AM****Secretary of State****DOCUMENT # 737479****1. Entity Name****TALLAHASSEE MEMORIAL HEALTHCARE FOUNDATION, INC.****Principal Place of Business**

1331 E SIXTH AVE

TALLAHASSEE
323036505

FL

Mailing Address

1331 E SIXTH AVE

TALLAHASSEE
323036505

FL

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**59-1727645**

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**DAVIS JUDY
1300 MICCOSUKEE RD.TALLAHASSEE
32308

US

FL

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

03/15/2001

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	WARFEL MR. TIM	1331 E. 6TH AVE.	FL 32301	T	WARFEL MR. TIM	1331 E. 6TH AVE.	FL 32301
<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
VD	HALEY MR. WALTER	1331 E 6TH AVE.	FL 32303	C	HALEY MR. WALTER	1331 E 6TH AVE.	FL 32303
<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
D	WRIGHT MR. GARY	1331 E 6TH AVE.	FL 32303				
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	BYE MR. RAYOND PHD	1331 E 6TH AVE.	FL 32303				
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	BURLESON MS. BEVERLY	1331 E. 6TH AVE.	FL 32303	S	BRASWELL MS. FLECIA	1331 E. 6TH AVE.	FL 32303
<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
SD	BAGGETT MS. LYN	1331 E 6TH AVE.	FL 32303	VC	BAGGETT MS. LYN	1331 E 6TH AVE.	FL 32303
<input type="checkbox"/> Delete				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Walter Haley**

C

03/15/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)