

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739288

1. Entity Name

THE HOSPICE OF THE FLORIDA SUNCOAST, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90068 046 ****61.25

Principal Place of Business 300 EAST BAY DRIVE LARGO FL 33770 US	Mailing Address 300 EAST BAY DRIVE LARGO FL 33770-3716 US
--	---

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
---	---



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1744006	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**LABYAK, MARY
300 EAST BAY DR
LARGO FL 34640**

7. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP	D FELOS, GEORGE J. 640 DOUGLAS AVE DUNEDIN FL 34698 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LABYAK, MARY 300 EAST BAY DR LARGO FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LENDERMAN, MARTHA 7268 MOFFATT LANE NO. PINELLAS PARK FL 33781 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GUY HANCOCK, DVM 7265 129TH ST. SEMINOLE FL 33776 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATRICK BARMORE 2913 WESTON TERR PALM HARBOR FL 34685 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ETTEN, MARY JEAN 7024 HIBISCUS AVE SO ST. PETERSBURG FL ☐ Delete	TITLE 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 information.

SIGNATURE: **MARY J LABYAK** 4-5-00 727-586-4432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 19/99