

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90037 049 ****61.25

DOCUMENT # 745692

1. Entity Name

GOOD SHEPHERD HOSPICE OF MID-FLORIDA, INC.

Principal Place of Business

**105 ARNESON AVE
AUBURNDALEEN FL 33823
US**

Mailing Address

**P.O. BOX 7129
WINTER HAVEN FL 33883**

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

59-1926521

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

**ANASTASIO, LANCE W.
200 AVENUE F, NE
WINTER HAVEN FL 33881**

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	CT STEPHENSON, JULIE 979 LK HOLLINGSWORTH DR LAKELAND FL 33803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VCT BAYLIS, STEVE 53 LK MORTON DRIVE LAKELAND FL 33801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VC MCCOLLUM, JIM 129 S. COMMERCE SEBRING FL 33870	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BECKERT, CHERYL 631 E CENTRAL AVE WINTER HAVEN FL 33883	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROWSE, WILLIAM 525 POPE AVENUE N. W. WINTER HAVEN FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD POE, MARY E 105 ARNESON AVE AUBURNDALE FL 33823	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/T Fred C. Jones 504 Arneson Avenue Auburndale, FL 33823	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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)(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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/05/01

CR2E037 (10/00)