

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745692

1. Entity Name

GOOD SHEPHERD HOSPICE OF MID-FLORIDA, INC.

Principal Place of Business

105 ARNESON AVE
AUBURDALEEN 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

Auburndale

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 CT
NAME STEPHENSON, JULIE
STREET ADDRESS 979 LK HOLLINGSWORTH DR
CITY-ST-ZIP LAKELAND FL 33803 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE 1VCT
NAME BAYLIS, STEVE
STREET ADDRESS 53 LK MORTON DRIVE
CITY-ST-ZIP LAKELAND FL 33801 ☐ Delete

TITLE CT
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE 2VC
NAME MCCOLLUM, JIM
STREET ADDRESS 129 S. COMMERCE
CITY-ST-ZIP SEBRING FL 33870 ☐ Delete

TITLE 1VCT
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE ST
NAME BECKERT, CHERYL
STREET ADDRESS 631 E CENTRAL AVE
CITY-ST-ZIP WINTER HAVEN FL 33883 ☒ Delete

TITLE ST
NAME Carolyn Ewing
STREET ADDRESS 3047 Shoal Creek Village
CITY-ST-ZIP Lakeland, Florida 33803 ☐ Change ☒ Addition

TITLE TT
NAME JONES, FRED C
STREET ADDRESS 304 ARNESON AVENUE
CITY-ST-ZIP AUBURDALEEN FL 33823 ☒ Delete

TITLE TT
NAME Carl Dockery
STREET ADDRESS P.O. Box 2477
CITY-ST-ZIP Lakeland, Florida 33806 ☐ Change ☒ Addition

TITLE MD
NAME POE, MARY E
STREET ADDRESS 105 ARNESON AVE
CITY-ST-ZIP AUBURDALEEN FL 33823 ☐ 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 empowered.

SIGNATURE:

Mary Ellen Poe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02 (863) 297-1880

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE