

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747179

1. Entity Name

HOSPICE OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

6055 RAND BLVD.
SARASOTA FL 34238-9
US

Mailing Address

6055 RAND BLVD.
SARASOTA FL 34238-5189
US

2. Principal Place of Business

5955 RAND BLVD.

Suite, Apt. #, etc.

3. Mailing Address

5955 RAND BLVD.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34238

Country

US

Zip

34238

Country

US

4. FEI Number

59-1911861

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRASKE, STEPHEN B II
101 E. KENNEDY BLVD.
SUITE 3700
TAMPA FL 33602

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

TITLE	VCD	<input type="checkbox"/> Delete
NAME	GODLESKI, STANLEY	
STREET ADDRESS	6300 MIDNIGHT PASS RD.	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	PALMER, LOU ANN	
STREET ADDRESS	4160 FRUITVILLE ROAD #75	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ESWORTHY, WALTER H	
STREET ADDRESS	PO BOX 98 N/A	
CITY-ST-ZIP	LAUREL FL 34272	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ERB, MICHAEL	
STREET ADDRESS	5811 PELICAN BAY BLVD. 300	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HARVEY, BONNIE E	
STREET ADDRESS	361 WHITFIELD AVE.	
CITY-ST-ZIP	SARASOTA FL 34243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODLESKI, STANLEY	
STREET ADDRESS	6300 MIDNIGHT PASS RD	
CITY-ST-ZIP	SARASOTA, FL 34242	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HULL, RICHARD	
STREET ADDRESS	4767 Ringwood meadow	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KITZNER, A.H.	
STREET ADDRESS	5550 36th ST. W. #7	
CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERB, MICHAEL	
STREET ADDRESS	4851 TAMiami TR. N	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMM, GARY	
STREET ADDRESS	7335 38th CT. E.	
CITY-ST-ZIP	SARASOTA, FL 34243	
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90113 002 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)