

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747197

1. Entity Name

KEYS HOSPITAL FOUNDATION, INC.

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90017 003 ****61.25

Principal Place of Business

91500 OVERSEAS HIGHWAY
TAVERNIER FL 33070
US

Mailing Address

91500 OVERSEAS HIGHWAY
TAVERNIER FL 33070-2547
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1987355

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROBERT H. LUSE
91500 OVERSEAS HIGHWAY
TAVERNIER FL 33070

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	CD	<input type="checkbox"/> Delete
NAME	HERSHOFF, JAY	
STREET ADDRESS	91500 OVERSEAS HIGHWAY	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHRADER, CHRIS	
STREET ADDRESS	91500 OVERSEAS HIGHWAY	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REGAN, CHARLEN	
STREET ADDRESS	91500 OVERSEAS HIGHWAY	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BUSH, BLAKELY	
STREET ADDRESS	91500 OVERSEAS HIGHWAY	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MADIGAN, MARIE	
STREET ADDRESS	91500 OVERSEAS HIGHWAY	
CITY-ST-ZIP	TAVERNIER FL 33070	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHILLING, I.E.	
STREET ADDRESS	91500 OVERSEAS HIGHWAY	
CITY-ST-ZIP	TAVERNIER FL 33070	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIRSCH, GERALD
STREET ADDRESS	91500 OVERSEAS HIGHWAY
CITY-ST-ZIP	TAVERNIER FL 33070
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, DAVID
STREET ADDRESS	91500 OVERSEAS HIGHWAY
CITY-ST-ZIP	TAVERNIER FL 33070

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 #

1/26/00

305.852-8440

CR2E037 (9/99)

2000

**BOARD OF DIRECTORS
OF
KEYS HOSPITAL FOUNDATION, INC.
d/b/a
MARINERS HOSPITAL**

Blake Bush

Albert E. Dotson

Jay A. Hershoff

Gerald Hirsch

David Johnson

Wayne A. Moccia, M.D.

Louise Orzel

Charlen Regan

Chris Schrader