

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90326 008 ****61.25

DOCUMENT # 747197

1. Entity Name

KEYS HOSPITAL FOUNDATION, INC.

Principal Place of Business

**91500 OVERSEAS HIGHWAY
 TAVERNIER FL 33070
 US**

Mailing Address

**91500 OVERSEAS HIGHWAY
 TAVERNIER FL 33070
 US**

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

59-1987355

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**ROBERT H. LUSE
 91500 OVERSEAS HIGHWAY
 TAVERNIER FL 33070**

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
**CD
 HERSHOFF, JAY
 91500 OVERSEAS HIGHWAY
 TAVERNIER FL 33070** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 Albert E. Dotson
 91500 Overseas Hwy
 Tavernier, FL 33070** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 SCHRADER, CHRIS
 91500 OVERSEAS HIGHWAY
 TAVERNIER FL 33070** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 Louise Orzel
 91500 Overseas Hwy
 Tavernier, FL 33070** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 REGAN, CHARLEN
 91500 OVERSEAS HIGHWAY
 TAVERNIER FL 33070** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 I.E. Schilling
 91500 Overseas Hwy
 Tavernier, FL 33070** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 BUSH, BLAKELY
 91500 OVERSEAS HIGHWAY
 TAVERNIER FL 33070** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 Paul S. Ellison, Jr. M.D.
 91500 Overseas Hwy
 Tavernier, FL 33070** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 HIRSCH, GERALD
 91500 OVERSEAS HIGHWAY
 TAVERNIER FL 33070** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 Chris Schrader
 91500 Overseas Hwy
 Tavernier, FL 33070** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 JOHNSON, DAVID
 91500 OVERSEAS HIGHWAY
 TAVERNIER FL 33070** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 David Johnson
 91500 Overseas Hwy
 Tavernier FL 33070** ☒ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)