

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # 754848

1. Entity Name

SPACE COAST HOSPITAL SERVICES, INC.

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

05-30-2000 90073 036 ****61.25

Principal Place of Business

1895 MURRELL RD
ROCKLEDGE FL 32955

Mailing Address

1895 MURRELL RD
ROCKLEDGE FL 32955-3231

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

59-2135377

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

RIPLEY, STEPHEN W
1895 MURRELL RD
ROCKLEDGE FL 32955

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	PD	<input type="checkbox"/> Delete
NAME	RIPLEY, STEPHEN W	
STREET ADDRESS	1895 MURRELL RD.	
CITY-ST-ZIP	ROCKLEDGE, FL 00000	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	MC FARLIN, FRED	
STREET ADDRESS	532 SUSAN DR	
CITY-ST-ZIP	W MELBOURNE FL	
TITLE	VC	<input type="checkbox"/> Delete
NAME	ANDERSON, ROBERT D	
STREET ADDRESS	1292 ST ANDREWS DR	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	GARRISON, LARRY	
STREET ADDRESS	701 WEST COCOA BCH CSWY	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HURST, WILLIAM	
STREET ADDRESS	6965 BELFAST AVE	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	VC	<input type="checkbox"/> Delete
NAME	LEWIS, GEORGE	
STREET ADDRESS	3500 N. ATLANTIC AVE.	
CITY-ST-ZIP	COCOA BEACH FL	

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	C	<input checked="" 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	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" 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 or other like empowered.

SIGNATURE:

STEPHEN W. RIPLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/00
Date

321-631-5550
Daytime Phone #

CR2E037 (9/99)