

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756641

1. Entity Name

THE HOSPITAL FOUNDATION, INC.

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90029 046 ****61.25

Principal Place of Business

540 THE RIALTO
VENICE FL 34285-2900
US

Mailing Address

540 THE RIALTO
VENICE FL 34285-2900
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

59-2080629

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

MUNDELL, THOMAS J
540 THE RIALTO
VENICE FL 34285-2900

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	VD	<input type="checkbox"/> Delete
NAME	MUDELL, THOMAS J	
STREET ADDRESS	540 THE RIALTO	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HALL, WAYNE C	
STREET ADDRESS	1505 TAMIAAMI TR S	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHANIKA, GREGORY R	
STREET ADDRESS	625 GARDENIA DR	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	LAWRENCE, GRANT	
STREET ADDRESS	701 SHETLAND CIRCLE	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARKS, JANET	
STREET ADDRESS	900 TAMIAAMI TR S APT 629	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AZZONI, ALFRED	
STREET ADDRESS	7520 MANASOTA KEY RD	
CITY-ST-ZIP	ENGLEWOOD FL 34223	

TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mundell, Thomas J	
STREET ADDRESS	540 The Rialto	
CITY-ST-ZIP	Venice, FL 34285	
TITLE	VC D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hall, Wayne C	
STREET ADDRESS	1505 Tamiami Trail S	
CITY-ST-ZIP	Venice, FL 34292	
TITLE	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Tritschler	
STREET ADDRESS	1437 Southbay Drive	
CITY-ST-ZIP	Osprey, FL 34229	
TITLE	C D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nelda Thompson	
STREET ADDRESS	6415 Manasota Key Road	
CITY-ST-ZIP	Englewood, Fla 34223	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sister Mary Catherine Rogers	
STREET ADDRESS	540 The Rialto	
CITY-ST-ZIP	Venice, Fla 34285	

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 on 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

Jan. 26, 2000

Date

941-483-7557

Daytime Phone #

CR2E037 (9/99)