

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90018 036 \*\*\*\*61.25

**DOCUMENT # 756641**

1. Entity Name

**THE HOSPITAL FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**540 THE RIALTO  
 VENICE FL 34285-2900  
 US**

**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

**HUNT, DEBRA  
 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

**IPD  
 HUNT, DEBRA  
 540 THE RIALTO  
 VENICE FL 34285**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition

**D  
 Hunt, Debra  
 540 The Rialto  
 Venice, Fla 34285**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

**VCD  
 HALL, WAYNE C  
 1505 TAMiami TR S  
 VENICE FL 34292**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition

**CD  
 Hall, Wayne C  
 1314 East Venice Ave Suite E  
 Venice, Fla 34292**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

**TD  
 TRITSCHLER, ROBERT  
 1437 SOUTHBAY DRIVE  
 OSPREY FL 34229**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition

**TD  
 Tritschler, Robert  
 2822 Proctor Rd  
 Sarasota, Fla 34231**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Delete

**CD  
 THOMPSON, NELDA  
 6415 MANASOTA KEY ROAD  
 ENGLEWOOD FL 34223**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☒ Addition

**D  
 Downey, Frederick  
 540 The Rialto  
 Venice, Fla 34285**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

**SD  
 MARKS, JANET  
 900 TAMiami TR S APT 629  
 VENICE FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☒ Addition

**PD & CEO, Ben Securus Venice Healthcare System  
 Guley, Michael  
 540 The Rialto  
 Venice, Fla 34285**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

**D  
 ROGERS, MARY C SISTER  
 540 THE RIALTO  
 VENICE FL 34285**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☒ Addition

**VCD  
 Ochs, Robert  
 901 Venetia Bay Blvd Suite 100  
 Venice, Fla 34292**

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**  
 Debra Hunt

02/19/02

941-483-7557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)