**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 14, 2001 8:00 am Secretary of State DOCUMENT # 757385 1. Entity Name 4-14-2001 90016 016 \*\*\*\*61.25 POLK GENERAL HOSPITAL FOUNDATION, INC. Principal Place of Business Mailing Address 1255 BRICE BLVD 1255 BRICE BLVD BARTOW FL 33830 BARTOW FL 33830 US US 2. Principal Place of Business 3. Mailing Address 2135 Marshall Edwards Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 23-7242399 Bartow, FL Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired 33830 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) CASEY, ALLAN L 395 AVENUE C, N.W. WINTER HAVEN FL 33880 Zip Code FL 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) 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Toelete XXX Change TITI F VŊ TITLE ☐ Addition PD deceased NAME SHANNON, HOWARD L NAME Edgar I. Smith, Jr. STREET ADDRESS STREET ADDRESS 2213 EDEN PARKWAY 2135 Marshall Edwards Dr. CITY-ST-ZIP LAKELAND-F<del>L 33803-88</del> TITLE TD ☐ Delete TITLE XX Change ■ Addition NAME Steven L. Yaskal SMITH, EDGAR I JR NAME STREET ADDRESS STREET ADDRESS 2135 Marshall Edwards Dr. 845 PINWOOD AVE CITY-ST-ZIP LAKELAND FL 33815 CITY-ST-7IP Bartow, FL 33830 TITLE SD SD Delete TITLE XXX Change ☐ Addition NAME Gwendolyn J. Foster FOSTER, GWENDOLYN J NAME STREET ADDRESS 2135 Marshall Edwards Dr. 2806 W LAKE ELOISE DR STREET ADDRESS CITY-ST-78 WINTER HAVEN FL 33884 CITY-ST-ZIP Bartow, FL 33830 TITLE December 1 ☐ Delete TITLE Change Addition NAME YASKAL, STEVEN L Allan L. Casey NAME 395 Avenue C, N.W. STREET ADDRESS 1120 COLONY ARMS CT STREET ADDRESS LAKELAND FL 33813 CITY-ST-ZIP CITY-ST-ZIP Winter Haven, FL 33880 George W. Beck TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS 2423 Hollingsworth Hill Ave. STREET ADDRESS CITY-ST-ZIP Lakeland, FL 33803 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Irving W. Wheeler NAME STREET ADDRESS 147 Avenue A, N.W. STREET ADDRESS CITY-ST-ZIP Winter Haven, FL 33881 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 all other like empowered.

SIGNATURE

NATURE STEVENLIFYASKAL

4/10/01

Date

863-534-5374