

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766348

1. Entity Name

THE HOSPICE FOUNDATION OF THE FLORIDA SUNCOAST.

Principal Place of Business

300 EAST BAY DR.
LARGO FL 33770
US

Mailing Address

300 EAST BAY DR.
LARGO FL 33770-3716
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

LABYAK, MARY
300 EAST BAY DR
LARGO FL 34640

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	LABYAK, MARY	
STREET ADDRESS	300 EAST BAY DR	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRABB, KELLI H.	
STREET ADDRESS	600 APALACHEE DRIVE NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRKMAN, ELIZABETH	
STREET ADDRESS	14091 STARBOARD DRIVE	
CITY-ST-ZIP	SEMINOLE FL 34646	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, VERNON	
STREET ADDRESS	2736 TIMBERLINE COURT	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SOROTA, JOSEPH J JR.	
STREET ADDRESS	28100 US HWY 19 N. - #504	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAIR, PAUL H.	
STREET ADDRESS	113 WINDWARD ISLAND - DUNEDIN BLDG	
CITY-ST-ZIP	CLEARWATER FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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	<input 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED J LABYAK

4-5-00 727-586-4432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

04-27-2000 90125 006 ****61.25

948482



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2252045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2F037 (9/99)