

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767445

1. Entity Name

ST. MARY'S HOSPITAL FOUNDATION, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90010 027 ****61.25

Principal Place of Business 505 S. FLAGLER DR SUITE 600 WEST PALM BCH FL 33401 US	Mailing Address 505 S. FLAGLER DR SUITE 600 WEST PALM BCH FL 33401-5945 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2366199	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LARCOMBE, VALERIE G
1309 N. FLAGLER DRIVE
WEST PALM BCH FL 33401

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 NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Delete SCHULMAN, DORTHY 505 S. FLAGLER DR., #600 WEST PALM BCH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD <input type="checkbox"/> Delete MATHEWS, BETSEY 505 S. FLAGLER DR., #600 WEST PALM BCH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD <input type="checkbox"/> Delete ROBB, DAVID 505 S. FLAGLER DR., #600 WEST PALM BCH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete NASK, FRANK 1309 N. FLAGLER DR. W. PALM BEACH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete THOMAS MCCLOSKEY 1309 N. FLAGLER DR. W. PALM BEACH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DENNIS STEFANACCI 1309 N. FLAGLER DR. W. PALM BEACH FL 33401

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (9/99)