

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767541

1. Entity Name

ST. FRANCIS MEDICAL AND HEALTH CARE FOUNDATION,

Principal Place of Business

138 N.E. 11TH STREET
MIAMI SHORES FL 33161
US

Mailing Address

19329 US HIGHWAY 19 N.
SUITE 100
CLEARWATER FL 33764
US

2. Principal Place of Business

138 N.E. 11th Street

3. Mailing Address

19329 US Hwy 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

Miami Shores Fl

City & State

Clearwater Fl.

Zip

33161

Country

USA

Zip

33764

Country

USA

6. Name and Address of Current Registered Agent

LIGHTER, JOANNE
19329 US HIGHWAY 19 N.
SUITE 100
CLEARWATER FL 33764

4. FEI Number

59-2301543

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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 ☐ Delete

NAME
KIMMINS, MARGARET MARY
STREET ADDRESS
115 E. MAIN STREET
CITY-ST-ZIP
ALLEGANY NY 14706

TITLE ☐ Delete

NAME
WEIDENBORNER, MARLENE
STREET ADDRESS
115 E. MAIN STREET 380 Valencia Blvd.
CITY-ST-ZIP
ALLEGANY NY 14706 Largo Fl 33770

TITLE ☒ Delete

NAME
HADDAD, ODETTE E
STREET ADDRESS
3939 SHORESIDE CIRCLE
CITY-ST-ZIP
TAMPA FL 33624

TITLE ☐ Delete

NAME
CARDET, LUCY
STREET ADDRESS
138 N.E. 11TH STREET
CITY-ST-ZIP
MIAMI SHORES FL 33161

TITLE ☒ Delete

NAME
HALL, MAUREEN CLARE
STREET ADDRESS
152 CONSTANT SPRING ROAD
CITY-ST-ZIP
KINGSTON 8. JAMAICA W. INDIE

TITLE ☒ Delete

NAME
O'BRIEN, DOLORES A
STREET ADDRESS
115 E. MAIN STREET
CITY-ST-ZIP
ALLEGANY NY 14706

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 and typed or printed name of signing officer or director

Date

Daytime Phone #

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90258 041 ****61.25



DO NOT WRITE IN THIS SPACE

CR2037 (10/00)