

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91263 009 ****61.25

DOCUMENT # 768626

1. Entity Name

HOSPICE OF CITRUS COUNTY, INC.

Principal Place of Business

**3350 AUDUBON PARK PATH
LECANTO FL 34461**

Mailing Address

**3350 AUDUBON PARK PATH
LECANTO FL 34461**

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

59-2401197

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

**DONOVAN, CASSANDRA
13151 SE 158 LN
WEIRSDALE FL 32195**

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 **S** ☐ Delete
NAME **ROWDA, CAROL**
STREET ADDRESS **8950 E. EDAN WALK CT.**
CITY-ST-ZIP **INVERNESS FL**

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

TITLE **DT** ☐ Delete
NAME **BRANCH, BEN C**
STREET ADDRESS **450 SE US 19**
CITY-ST-ZIP **CRYSTAL RIVER FL**

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

TITLE **DV** ☐ Delete
NAME **HARVEY, DUNN**
STREET ADDRESS **P O BOX 756 NA**
CITY-ST-ZIP **FLORAL CITY FL**

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

TITLE **D** ☐ Delete
NAME **KRAPP, MARK MD**
STREET ADDRESS **310 S LINE AVENUE**
CITY-ST-ZIP **INVERNESS FL 34450**

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

TITLE **DP** ☐ Delete
NAME **MAWHINNEY, TOM**
STREET ADDRESS **P.O. BOX 118 N/A**
CITY-ST-ZIP **INVERNESS FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 #

CR2E037 (9/01)