

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90037 050 ****61.25

DOCUMENT # 768786

1. Entity Name

FLORIDA HOSPITAL WATERMAN FOUNDATION, INC.

Principal Place of Business

Mailing Address

812 N BAY ST
 EUSTIS FL 32726
 US

812 N. BAY STREET
 EUSTIS FL 32726-2942
 US

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2330166

Applied For

Not Applicable

Zip

Country

Zip

Country

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

YOUNG, ANITA J
812 N BAY ST
EUSTIS FL 32726

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 Delete
 NAME **CD**
GUY, A. DEAN
 STREET ADDRESS **3155 LAKESHORE DRIVE**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
WEISS, DAVE
 STREET ADDRESS **3700 PROGRESS BOULEVARD**
 CITY-ST-ZIP **MOUNT DORA FL 32757**

TITLE Change Addition
 NAME **David L. Weiss**
 STREET ADDRESS **2310 S. Bay Street**
 CITY-ST-ZIP **Eustis FL 32726**

TITLE Delete
 NAME **TD**
FELDMAN, JOHN
 STREET ADDRESS **215 N JOANNA AVE**
 CITY-ST-ZIP **TAVARES FL**

TITLE Change Addition
 NAME **H. John Feldman**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VCD**
EVANS, MAGGIE P
 STREET ADDRESS **131 WATERMAN AVE**
 CITY-ST-ZIP **MOUNT DORA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P**
YOUNG, ANITA J
 STREET ADDRESS **812 N BAY STREET**
 CITY-ST-ZIP **EUSTIS FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **See Attached**
 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:

Anita J. Young
ANITA J. YOUNG

ANITA J. YOUNG

1/21/00

352-589-7676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)