

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # 768786****1. Entity Name**
FLORIDA HOSPITAL WATERMAN FOUNDATION, INC.

Principal Place of Business 812 N BAY ST EUSTIS 32726	Mailing Address 812 N. BAY STREET EUSTIS 163884528
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 812 N. BAY STREET Suite, Apt. #, etc.
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City & State EUSTIS FL	City & State EUSTIS FL
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Zip 32726	Country US	Zip 32726	Country US
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4. FEI Number 59-2330166	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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YOUNG ANITA J 812 N BAY ST EUSTIS FL 32726 US	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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** _____ **04/23/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																
<table><tr><td>TITLE</td><td>BOT <input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>BARKER BETTY</td></tr><tr><td>STREET ADDRESS</td><td>PO BOX 921</td></tr><tr><td>CITY-ST-ZIP</td><td>MOUNT DORA FL 32757</td></tr></table>	TITLE	BOT <input type="checkbox"/> Delete	NAME	BARKER BETTY	STREET ADDRESS	PO BOX 921	CITY-ST-ZIP	MOUNT DORA FL 32757	<table><tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 **PRES** **04/23/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)