

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 821162

1. Entity Name

SHRINERS HOSPITALS FOR CHILDREN, INC.

Principal Place of Business

Mailing Address

2900 ROCKY POINT DRIVE
TAMPA FL 33607
US

P.O. BOX 31356
TAMPA FL 33631-3356

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

36-2193608

Applied For

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	T	<input type="checkbox"/> Delete
NAME	BRACEWELL, GENE	
STREET ADDRESS	PO BOX 43106 N/A	
CITY-ST-ZIP	ATLANTA GA 30378	
TITLE	P	<input type="checkbox"/> Delete
NAME	VERMAAS, JOHN D	
STREET ADDRESS	10001 S 27TH ST	
CITY-ST-ZIP	ROCA NE 68430	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SEMB, RALPH W	
STREET ADDRESS	66 FRENCH KING HIGHWAY	
CITY-ST-ZIP	ERVING MA 01344	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SMITH, KENNETH W	
STREET ADDRESS	1115 EYRE MOUNT DRIVE	
CITY-ST-ZIP	WEST VANCOUVER BC V7S 2B9	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLAYPOOL, CHARLES A	
STREET ADDRESS	3341 BEAUMONDE LANE	
CITY-ST-ZIP	DAYTON OH 45409	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OIEN, M BURTON	
STREET ADDRESS	650 NORTH HAWES ROAD #1100	
CITY-ST-ZIP	MESA AZ 85207	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	TURNIPSEED, ROBERT N.	
STREET ADDRESS	2953 North Government Way	
CITY-ST-ZIP	Coeur d'Alene, Idaho 83815	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	CLAYPOOL, CHARLES A.	
STREET ADDRESS	345 West 2nd Street, Suite 400	
CITY-ST-ZIP	Dayton, Ohio 45402	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	OIEN, M. BURTON	
STREET ADDRESS	7832 East Ebola Avenue	
CITY-ST-ZIP	Mesa, Arizona 85208	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	RAOUL L. FREVEL, SR.	
STREET ADDRESS	4507 Harford Road	
CITY-ST-ZIP	Baltimore, Maryland 21214	

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:

John D. VerMaas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D. VerMaas, President 01/26/00

(813)281

Date

Daytime Phone #

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90119 029 ****61.25



DO NOT WRITE IN THIS SPACE