

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2004 8:00 am**  
**Secretary of State**

01-22-2004 90006 022 \*\*\*\*61.25

DOCUMENT # *F03 000003119*

1. Entity Name

National Hospice Support Foundation



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6782 S. Potomac St.

3. Mailing Address  
6782 S. Potomac St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Centennial, CO

City & State  
Centennial, CO

4. FEI Number 84-1497188

Applied For  
Not Applicable

Zip  
80112

Country  
USA

Zip  
80112

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name  
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

City  
Tallahassee

FL Zip Code  
32301

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Robert E. Sutton  
6782 S. Potomac Street  
Centennial, CO 80112

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert E. Sutton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/9/04*  
Date

(303) 223-7000

Daytime Phone #

CR2E037B (12/02)