

2001 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
May 22, 2001 8:00 am
Secretary of State

03-29-2001 90402 039 *****61.25

DOCUMENT # N00000003149

1. Entity Name

SUNCOAST HEALTH AND EDUCATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

14000 FIVAY RD.
 HUDSON FL 34667

14000 FIVAY RD.
 HUDSON FL 34667

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34656-1893

4. FEE Number

U APPLIED FOR

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

HYERS, CHRISTOPHER R
 1872 KINSMERE DR.
 NEW PORT RICHEY FL 34655

3010 N. 131st ST.
 OMAHA, NE 68164

Name KURT J. CONOVER

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

2215 FOGGY RIDGE PKY

City LAND O' LAKES

FL

Zip Code 34639

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 SD
 STREET ADDRESS CONLON-HYERS, JODI
 CITY-ST-ZIP 1872 KINSMERE DR.
 NEW PORT RICHEY FL 34655 3010 N. 131st ST.
 OMAHA, NE 68164

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

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS HYERS, CHRIS
 CITY-ST-ZIP 1872 KINSMERE DR.
 NEW PORT RICHEY FL 34655 3010 N. 131st ST.
 OMAHA, NE 68164

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

TITLE ☐ Delete
 NAME TD
 STREET ADDRESS AUSTON, CAMI
 CITY-ST-ZIP 8251 BRENT ST. #946
 PT. RICHEY FL 34658

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS CAMPBELL, SUE
 CITY-ST-ZIP 7935 RANCH RD.
 PT. RICHEY FL 34668

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS CONOVER, SANDRA L
 CITY-ST-ZIP 215 FOGGY RIDGE PKY
 LAND O' LAKES FL 34639 2215 FOGGY RIDGE PKY

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

TITLE ☐ Delete
 NAME VD
 STREET ADDRESS GRIFFIN, DON
 CITY-ST-ZIP 459 MORADES DE AVILA
 LUTZ FL 33541

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 SUNCOAST HEALTH AND EDUCATION FOUNDATION, INC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/01

Date

402 449-1444

Daytime Phone #

CR2E037 (10/00)