

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90217 008 ****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**

**PO BOX 1893
 NEW PORT RICHEY FL 34656-1893**

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

59-3647767 **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

**CONOVER, KURT J
 2215 FOGGY RIDGE PKY
 LAND O LAKES FL 34639**

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 **SD** ☒ Delete
 NAME **CONLON-HYERS, JODI**
 STREET ADDRESS **1872 KINSMERE DR.**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **D** ☐ Change ☒ Addition
 NAME **BLOSSOM GOLDMAN**
 STREET ADDRESS **1115 ARECA DRIVE**
 CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **PD** ☒ Delete
 NAME **HYERS, CHRIS**
 STREET ADDRESS **1872 KINSMERE DR.**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **PD** ☐ Change ☒ Addition
 NAME **THOMAS H. DUNN JR.**
 STREET ADDRESS **11629 FOX RUN**
 CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **TD** ☒ Delete
 NAME **AUSTON, CAMI**
 STREET ADDRESS **8251 BRENT ST. #946**
 CITY-ST-ZIP **PT. RICHEY FL 34668**

TITLE **TD** ☐ Change ☒ Addition
 NAME **GERALD J. TOBIANSKI**
 STREET ADDRESS **12141 SPARTAN WAY #102**
 CITY-ST-ZIP **BAYONET POINT FL 34667**

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

TITLE **SD** ☐ Change ☒ Addition
 NAME **KAY DURAND**
 STREET ADDRESS **11521 ORLEANS LANE**
 CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **D** ☒ Delete
 NAME **CONOVER, SANDRA L**
 STREET ADDRESS **215 FOGGY RIDGE PKWY**
 CITY-ST-ZIP **LAND O' LAKES FL 34639**

TITLE **D** ☐ Change ☒ Addition
 NAME **GLORIA PETERSON**
 STREET ADDRESS **10929 LINKSIDE DRIVE**
 CITY-ST-ZIP **PORT RICHEY, FL 34668**

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

TITLE **VD** ☐ Change ☒ Addition
 NAME **MARIANNE VIGILIS**
 STREET ADDRESS **7304 SAN CARLOS DRIVE**
 CITY-ST-ZIP **PORT RICHEY, FL 34668**

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:

Gerald J. Tobianski **GERALD J. TOBIANSKI** 4-4-02 727-869-5821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)