

2002 UNIFORM BUSINESS REPORT (UBR)

0060478

DOCUMENT # N00000004788

1. Entity Name

THE BAYCARE FOUNDATION, INC.

FILED

02 APR 30 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2631 MCCORMICK DR., STE. 102
CLEARWATER FL 33759

Mailing Address

2631 MCCORMICK DR., STE. 102
CLEARWATER FL 33759

2. Principal Place of Business

2637 McCormick Dr
Suite, Apt. #, etc.

3. Mailing Address

Same as Principal
Address

City & State

Clearwater, FL

City & State

Clearwater, FL

4. FEI Number

59-3659854

Applied For

Not Applicable

Zip

33759

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COATES, BOBBY L
2631 MCCORMICK DR., STE. 102
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name: Thurman, Marcy J. - VP-Compliance
Street Address (P.O. Box Number is Not Acceptable)
2637 McCormick Dr.
City: Clearwater FL Zip Code: 33759

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

Marcy J. Thurman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/02

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	D	<input type="checkbox"/> Delete
NAME	COATES, BOBBY L	
STREET ADDRESS	2631 MCCORMICK DR., STE. 102	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	D	<input type="checkbox"/> Delete
NAME	COATES, DEBORAH R	
STREET ADDRESS	2631 MCCORMICK DR., STE. 102	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, THOMAS J	
STREET ADDRESS	2631 MCCORMICK DR., STE. 102	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2637 McCormick Dr.
CITY-ST-ZIP	Clearwater, FL 33759
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2637 McCormick Dr.
CITY-ST-ZIP	Clearwater, FL 33759
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	2637 McCormick Dr.
CITY-ST-ZIP	Clearwater, FL 33759
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

727-669-4522

Date

Daytime Phone #

CR2E037 (9/01)