

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Amended

FILED 09:02:2003 90174 030 ****70.00
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DOCUMENT # N00000008302

1. Entity Name
HOMESTEAD AREA INDIGENT CARE FOUNDATION, INC.



03 SEP -5 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
160 N.W. 13 STREET 160 N.W. 13 STREET
HOMESTEAD FL 33030 HOMESTEAD FL 33030

2. Principal Place of Business 3. Mailing Address

Suites, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **APPLIED FOR** Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
SAXON, KYLE R
169 E. FLAGLER STREET
SUITE 1700
MIAMI FL 33131

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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	D	<input checked="" type="checkbox"/> Delete
NAME	BEARD, WENDELL	
STREET ADDRESS	16903 S.W. 79TH PLACE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARZA, MARIA	
STREET ADDRESS	28300 S.W. 152ND STREET	
CITY-ST-ZIP	MIAMI FL 33033	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARPENTER, WILLIE	
STREET ADDRESS	10965 S.W. 175 STREET	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HANSON, CARL	
STREET ADDRESS	23 DILLY TREE PARK	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input type="checkbox"/> Delete
NAME	CADMAN, GEORGE	
STREET ADDRESS	9768 S.W. 106 TERRACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOULE, PAUL	
STREET ADDRESS	9471 S.W. 97TH STREET	
CITY-ST-ZIP	MIAMI FL 33176	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREDERICK VILLEN, MD	
STREET ADDRESS	17295 SW 292 ST	
CITY-ST-ZIP	HOMESTEAD, FL 33030	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THE HON. OTIS WALLACE	
STREET ADDRESS	569 SW 2 ST	
CITY-ST-ZIP	FLORIDA CITY, FL 33034	
TITLE	B VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT SINGLETON	
STREET ADDRESS	8496 OLD CUTLER RD.	
CITY-ST-ZIP	CORAL GABLES, FL 33143	
TITLE	S/D	<input checked="" 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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **8/25/03** Daytime Phone #: **305 2749143**

CR2E037 (4/03)