

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

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

160 N.W. 13 STREET
HOMESTEAD FL 33030

Mailing Address

160 N.W. 13 STREET
HOMESTEAD FL 33030

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 **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

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
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 V. HLEN, 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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THE HON. OTIS WALLACE	
STREET ADDRESS	569 SW 2 ST	
CITY-ST-ZIP	FLORIDA CITY, FL 33034	
TITLE	BVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/03

Date

305 2749143

Daytime Phone #

CR2E037 (4/03)