

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00564

1. Entity Name

THE NON-PROFIT HOSPITALS' VENTURE, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90034 008 \*\*\*\*61.25

Principal Place of Business

700 MAGNOLIA DR  
CLEARWATER FL 34616  
US

Mailing Address

700 MAGNOLIA DR.  
CLEARWATER FL 33756-3926  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2618 W. BAY DR.

City & State

LARGO, FL

Zip

33770

Country

US

Suite, Apt. #, etc.

2618 W. BAY DR.

City & State

LARGO, FL

Zip

33770

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2364397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HURST, GRANT  
700 MAGNOLIA DR.  
CLEARWATER FL 34616

7. Name and Address of New Registered Agent

Name

HURST, GRANT

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

2618 W. BAY DR.

City

LARGO

FL

Zip Code

33770

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

TITLE D ☐ Delete  
NAME HURST, GRANT  
STREET ADDRESS 700 MAGNOLIA DR.  
CITY-ST-ZIP CLEARWATER FL

TITLE PD ☐ Delete  
NAME KIEFER, JOSEPH  
STREET ADDRESS 1395 S PINELLAS AVE.  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE STD ☐ Delete  
NAME COLLINS, JEFF  
STREET ADDRESS 2025 INDIAN ROCKS RD  
CITY-ST-ZIP LARGO FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☐ Addition  
NAME HURST, GRANT  
STREET ADDRESS 2618 W. BAY DR.  
CITY-ST-ZIP LARGO, FL 33770

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

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

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

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

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:

*Grant Hurst*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/00 722 5187639

CR2E037 (9/99)