

2002 UNIFORM BUSINESS REPORT (UBR)

0002200

DOCUMENT # NO1000005066

1. Entity Name

HEARTLAND HOSPICE SERVICES OF FLORIDA, INC.

FILED

02 JAN 30 PM 2:48

Principal Place of Business

333 NORTH SUMMIT STREET
16TH FLOOR
TOLEDO OH 43604

Mailing Address

333 NORTH SUMMIT STREET
16TH FLOOR
TOLEDO OH 43604

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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.

JOYCE A. GILBERT

ASSISTANT SECRETARY

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 D ☐ Delete
NAME WEIKEL, KEITH
STREET ADDRESS 333 NORTH SUMMIT STREET 16TH FLOOR
CITY-ST-ZIP TOLEDO OH 43604

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 600004916816--8
CITY-ST-ZIP -02/13/02--01035--004

TITLE D ☐ Delete
NAME HILDEBRANT, RODNEY
STREET ADDRESS 333 NORTH SUMMIT STREET 16TH FLOOR
CITY-ST-ZIP TOLEDO OH 43604

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS *****61.25
CITY-ST-ZIP *****61.25

TITLE D ☐ Delete
NAME CHENEVERT, WILLIAM
STREET ADDRESS 333 NORTH SUMMIT STREET 16TH FLOOR
CITY-ST-ZIP TOLEDO OH 43604

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
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CITY-ST-ZIP ☐ Delete

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

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

1/16/02

(419) 252-5518

CR2E037 (9/01)