

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01318

1. Entity Name

TAMPA COMMUNITY HEALTH CENTER, INC.

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90005 047 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1702 E. 17TH AVENUE  
P.O. BOX 5299  
TAMPA FL 33675

1702 E. 17TH AVENUE  
P.O. BOX 5299  
TAMPA FL 33675-5299

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

59-2420282

Applied For

Not Applicable

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

WALKER, MARY  
5503 B. POKEWEED COURT  
TAMPA FL 33617

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.

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	<input type="checkbox"/> Delete
NAME	LOSURDO, STEPHANIE	
STREET ADDRESS	1903 TEEPEE DR	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	HINES, ANNIE	
STREET ADDRESS	7517 N 40TH ST APT 204C	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WALKER, MARY	
STREET ADDRESS	5503 B. POKEWEED CURT	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAWTON, EARL W.	
STREET ADDRESS	4808 ASHLAND DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JACKSON, HAROLD	
STREET ADDRESS	11501 GLENMONT DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEAKS, NORMA	
STREET ADDRESS	110 N ALBANY AVE	
CITY-ST-ZIP	TAMPA FL	

TITLE	HALEY, REBBA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	212 S. ST. CLOUD AVE,	
STREET ADDRESS	VALRICO, FL 33594	
CITY-ST-ZIP		
TITLE	KEMP, HILRIE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8005 ASH AVE.	
STREET ADDRESS	TAMPA, FL 33619	
CITY-ST-ZIP		
TITLE	JOHN BRUM FIELD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3801 N. 30TH ST	
STREET ADDRESS	TAMPA, FL 33610	
CITY-ST-ZIP		
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 all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00

Date

813-247-1311

Daytime Phone #

CR2E037 (9/99)