

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

03-15-2000 90090 014 \*\*\*\*61.25

**DOCUMENT # N01467**

1. Entity Name

**HOSPICE OF LAKE AND SUMTER, INC.**

Principal Place of Business

Mailing Address

**12300 LANE PARK RD  
TAVARES FL 32778-9660**

**12300 LANE PARK RD  
TAVARES FL 32778-9660**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2330114**

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

**MCDANIEL, MARY  
226 W. ALFRED ST  
TAVARES FL 32778**

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 **DP**  Delete  
 NAME **TALLEY, BILL JR**  
 STREET ADDRESS **900 N 14TH STREET**  
 CITY-ST-ZIP **LEESBURG FL 34749**

TITLE **D**  Change  Addition  
 NAME **PRESIDENT**  
 NAME **Ann Dupee**  
 STREET ADDRESS **389 Division Street**  
 CITY-ST-ZIP **Clermont, FL 34711**

TITLE **DPE**  Delete  
 NAME **DUPEE, ANN**  
 STREET ADDRESS **389 DIVISION STREET**  
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **D**  Change  Addition  
 NAME **PRESIDENT ELECT**  
 NAME **Tom Newman**  
 STREET ADDRESS **1022 W. N. Blvd,**  
 CITY-ST-ZIP **Clermont, FL 34711**

TITLE **DV**  Delete  
 NAME **NEWMAN, TOM**  
 STREET ADDRESS **1022 W N BLVD**  
 CITY-ST-ZIP **LEESBURG FL 34748-3030**

TITLE **D**  Change  Addition  
 NAME **VICE PRESIDENT**  
 NAME **Tim Scobie**  
 STREET ADDRESS **1 Orange Ave,**  
 CITY-ST-ZIP **Eustis, FL 32727**

TITLE **DT**  Delete  
 NAME **HINDMAN, SCOTT**  
 STREET ADDRESS **700 BOYLESTON STREET**  
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **D**  Change  Addition  
 NAME **TREASURER**  
 NAME **Bill Talley, Jr.**  
 STREET ADDRESS **900 N. 14th Street**  
 CITY-ST-ZIP **Leesburg, FL 34749**

TITLE **D**  Delete  
 NAME **BINNEVELD, WILLIAM**  
 STREET ADDRESS **2122 PARK HOLLAND ROAD**  
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **D**  Change  Addition  
 NAME **William Binneveld**  
 STREET ADDRESS **2122 Park Holland Road**  
 CITY-ST-ZIP **Leesburg, FL 34748**

TITLE **DS**  Delete  
 NAME **SCOBIE, TIM**  
 STREET ADDRESS **1 ORANGE AVE**  
 CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **D**  Change  Addition  
 NAME **SECRETARY**  
 NAME **James Heaton**  
 STREET ADDRESS **1321 W. Citizen Blvd.**  
 CITY-ST-ZIP **Leesburg, FL 34748**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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** (James Heaton) **352-343-1341**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Secretary** Daytime Phone #

CR2E037 (9/99)