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# Feb 21 1997 8:00am
# Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N07689** **(5)**

1. Corporation Name

**UNIVERSITY COMMUNITY HOSPITAL FOUNDATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| % LEONARD GILBERT<br>777 HARBOUR IS DR., S., P.O. BOX 3239<br>TAMPA FL 33602 | % LEONARD GILBERT<br>777 HARBOUR IS DR., S., P.O. BOX 3239<br>TAMPA FL 33602-5729 |

3. Date Incorporated or Qualified: 02/18/1985
3a. Date of Last Report: 03/18/1996

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

4. FEI Number: 59-2550889 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

**9. Name and Address of Current Registered Agent**

GILBERT, LEONARD H
777 SOUTH HARBOR ISLAND DRIVE
5TH FLOOR
TAMPA FL 33602

**10. Name and Address of New Registered Agent**

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | CD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LAU,DONALD K. | | 1.2 NAME | | |
| STREET ADDRESS | 110 WHITAKER RD. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LUTZ FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ADCOCK, JOHNNY R. | | 2.2 NAME | | |
| STREET ADDRESS | 107 E. FOWLER AVENUE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | VC | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | REEVES, ALLEN N. | | 3.2 NAME | | |
| STREET ADDRESS | 11333 NORTH FLORIDA AVENUE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMAP FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | S | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | VAN OVERBEKE, BONNIE | | 4.2 NAME | | |
| STREET ADDRESS | 1104 N RIVERHILLS DRIVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TEMPLE TERRACE FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | ASD | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HULT, ELIZABETH R. | | 5.2 NAME | | |
| STREET ADDRESS | 3100 E. FLETCHER AVE. | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Elizabeth Hult ELIZABETH R. HULT 1/30/97 813/972-7886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0047003