

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07689

1. Entity Name

UNIVERSITY COMMUNITY HOSPITAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

3100 E FLETCHER AVE
TAMPA FL 33613
US

3100 E FLETCHER AVE
TAMPA FL 33613-4613
US

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

59-2550889

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

MICELI-MULLEN, JOUNE
3100 E. FLETCHER AVE.
TAMPA FL 33613

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
LAU, DONALD K.
110 WHITAKER RD.
LUTZ FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ADCOCK, JOHNNY R
107 E. FOWLER AVENUE
TAMPA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
REEVES, ALLEN N.
11333 NORTH FLORIDA AVENUE
TAMPA FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
VAN OVERBEKE, BONNIE
1104 N. RIVERHILLS DRIVE
TEMPLE TERRACE FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MOORE, JULIE
120 LARE DR.
LUTZ FL 33649 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
VAN OVERBEKE, BONNIE
1104 N. RIVERHILLS DR.
TEMPLE TERRACE FL 33617 ☐ Delete

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

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

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

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

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

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

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

Date

Daytime Phone #

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90115 037 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)