# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07689

1. Entity Name

UNIVERSITY COMMUNITY HOSPITAL FOUNDATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUN -4 AM 11:24

| Principal Place of Business | Mailing Address |
|---|---|
| 3100 E FLETCHER AVE<br>TAMPA FL 33613<br>US | 3100 E FLETCHER AVE<br>TAMPA FL 33163<br>US |

DO NOT WRITE IN THIS SPACE

| 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, JOLINE<br>3100 E. FLETCHER AVE.<br>TAMPA FL 33613 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

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-06/05/01--01065--007
*****61.25 *****61.25

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

| 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 — Chairman<br>LAU,DONALD K.<br>110 WHITAKER RD.<br>LUTZ FL | ☐ Delete | Foundation President<br>Kathleen K. Wiedemer<br>601 Channelside Walk Way #1331<br>Tampa, FL 33602 | ☐ Change ☒ Addition RD |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~TD~~<br>~~ADCOCK, JOHNNY R~~<br>~~107 E. FOWLER AVENUE~~<br>~~TAMPA FL~~ | ☒ Delete | ~~Vice Chair~~<br>~~Bonnie~~ | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~VCD~~<br>~~REEVES, ALLEN N.~~<br>~~11333 NORTH FLORIDA AVENUE~~<br>~~TAMAP FL~~ | ☒ Delete | Vice Chairman<br>Bonnie VanOverbeke<br>1000 South Harbour Island Blvd. #2305<br>Tampa, FL 33602 VCD | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~S~~<br>~~VAN OVERBEKE, BONNIE~~<br>~~1104 N. RIVERHILLS DRIVE~~<br>~~TEMPLE TERRACE FL~~ | ☒ Delete | Secretary<br>Donna Jordan<br>6812 Monet Circle<br>Temple Terrace, FL 33617 SD | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~SD~~<br>~~MOORE, JULIE~~<br>~~120 LARE DR.~~<br>~~LUTZ FL 33549~~ | ☒ Delete | Treasurer<br>Mary Lynn Banning<br>921 Guisando de Avila<br>Tampa, FL 33613 TD | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~TD~~<br>~~VAN OVERBEKE, BONNIE~~<br>~~1104 N. RIVERHILLS DR.~~<br>~~TEMPLE TERRACE FL 33617~~ | ☒ Delete | Director of Development<br>Lorna L. Wheeler<br>6616 Jennifer Drive<br>Temple Terrace, FL 33617 | ☐ 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: ~~Lorna L. Wheeler~~ Donna Jordan DONNA K. LAU (813) 615-7886