

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13443

1. Entity Name

CENTRAL FLORIDA HEALTH CARE DEVELOPMENT CORPORAT

Principal Place of Business

Mailing Address

CORPORATE OFFICE  
600 E. DIXIE AVE.  
LEESBURG FL 34748

CORPORATE OFFICE  
600 E. DIXIE AVE.  
LEESBURG FL 34748-5925

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

59-2635190

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

ROBUCK, H D JR ESQ  
610 E MAIN ST  
LEESBURG FL 34748

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 S/D  
NAME SULLIVAN, TIMOTHY I  
STREET ADDRESS 1009 N. 14TH ST  
CITY-ST-ZIP LEESBURG FL 34748 ☐ Delete

TITLE D  
NAME David W. BURNSED MD ☐ Change ☒ Addition  
STREET ADDRESS 601 E DIXIE AVE, PLAZA 1001  
CITY-ST-ZIP LEESBURG, FL 34748

TITLE CD  
NAME MEADE, ROBERT T., M.D. ☐ Delete  
STREET ADDRESS 801 E. DIXIE AVE- STE A-107  
CITY-ST-ZIP LEESBURG FL 34788

TITLE D  
NAME HUGH A GIBSON, III ☐ Change ☒ Addition  
STREET ADDRESS 313 DEL MAR DRIVE  
CITY-ST-ZIP LADY LAKE, FL 32159

TITLE VD  
NAME BOLIEK, R. RICHARD ☐ Delete  
STREET ADDRESS 01403 SPRING LAKE RD  
CITY-ST-ZIP FRUITLAND FL

TITLE D  
NAME JANICE R. KRUEGER ☐ Change ☒ Addition  
STREET ADDRESS 707 W. COACH & FOUR DRIVE  
CITY-ST-ZIP LEESBURG, FL 34748

TITLE TD  
NAME HARDY, JAMES M. M ☐ Delete  
STREET ADDRESS 601 E. DIXIE AVENUE, PLAZA 901  
CITY-ST-ZIP LEESBURG FL

TITLE AS  
NAME R PATTON Mc CONNER ☐ Change ☒ Addition  
STREET ADDRESS 6640 Woody Court  
CITY-ST-ZIP LEESBURG, FL

TITLE D  
NAME BINNEVALD, WILLIAM J ☐ Delete  
STREET ADDRESS 122 E. MAIN ST  
CITY-ST-ZIP TAVARES FL 32778

TITLE D  
NAME William J. Binnevald ☒ Change ☐ Addition  
STREET ADDRESS 2122 Park Holland Road  
CITY-ST-ZIP LEESBURG, FL 34748

TITLE D  
NAME O'KELLEY, M. BENSON, JR ☐ Delete  
STREET ADDRESS 33749 OVERTON DRIVE  
CITY-ST-ZIP LEESBURG FL 34788

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)