

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-08-2001 90053 021 ****70.00

DOCUMENT # N13443

1. Entity Name

CENTRAL FLORIDA HEALTH CARE DEVELOPMENT CORPORAT



Principal Place of Business

CORPORATE OFFICE
 600 E. DIXIE AVE.
 LEESBURG FL 34748

Mailing Address

CORPORATE OFFICE
 600 E. DIXIE AVE.
 LEESBURG FL 34748

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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
 Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SULLIVAN, TIMOTHY I 1009 N. 14TH ST LEESBURG FL 34748	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MEADE, ROBERT T., M.D. 801 E. DIXIE AVE- STE A-107 LEESBURG FL 34788	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOLIEK, R. RICHARD 01403 SPRING LAKE RD FRUITLAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARDY, JAMES M. M 601 E. DIXIE AVENUE, PLAZA 901 LEESBURG FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BINNEVALD, WILLIAM J 3122 PARK HOLLAND RD LEESBURG FL 34748	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'KELLEY, M. BENSON, JR 33749 OVERTON DRIVE LEESBURG FL 34788	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman Timothy I. Sullivan 1009 N. 14th St. LEESBURG FL 34748	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Please see the attached list of all additional officers.	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R. Richard Boliek (Director) 01403 Spring Lake Rd Fruitland Park FL 34788	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director James M. Hardy, MD 601 E. DIXIE AVE, Plaza 901 LEESBURG FL 34748	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary William J. Binneveld 2122 Park Holland Rd LEESBURG FL 34748	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer M. Benson O'Kelley, Jr. 33749 Overton Dr. LEESBURG FL 34748	☒ 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: **RECEIVED** **R. PATTON-McCONNELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-01

352-323-5002

Date

Daytime Phone #

John J. McConnell Chairman

2/23/01 352-7874388

CR2E037 (10/00)

Central Florida Health Care Development Corporation, Inc.
Additional
Board of Directors

attachment #
N13443

29150

DOUGLAS W. BRAUN
Post Office Box 491366
Leesburg, Florida 34748

DAVID W. BURNSED, M.D.
601 East Dixie Avenue
Plaza 1001
Leesburg, Florida 34748

HUGH H. GIBSON, III
313 Del Mar Drive
Lady Lake, Florida 32159