

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18309

1. Entity Name

HOSPICE FOUNDATION OF NAPLES, INC.

Principal Place of Business

1095 WHIPPOORWILL LANE
NAPLES FL 33999
US

Mailing Address

1095 WHIPPOORWILL LANE
NAPLES FL 34105-3847
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2756938

Applied For

Not Applied For

Zip 34105

Country

Zip

Country

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

Name

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

City

FL

Zip Code

COX, DIANE S.
1095 WHIPPOORWILL LANE
NAPLES FL 34105

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
T
WILDER, F. DANIEL
42 GOLF COTTAGE DRIVE
NAPLES FL

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CHEFFY, ED
821 FIFTH AVE S, SUITE 201
NAPLES FL 34102

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
COLE, PHILIP W.
1400 GULF SHORE BLVD, N
NAPLES FL

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
WALTERS, GEORGE M
4001 TAMiami TR N.
NAPLES FL 34103

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ED
COX, DIANE S.
1095 WHIPPOORWILL LN
NAPLES FL

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
PHELPS, LOIS
7557 CORDOBA CIR
NAPLES FL 34109

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90008 044 ****61.25

80007657



DO NOT WRITE IN THIS SPACE

DIANE S. COX 1/6/00 941-261-4404