

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N18309

1. Entity Name

HOSPICE FOUNDATION OF NAPLES, INC.

Principal Place of Business

Mailing Address

1095 WHIPPOORWILL LANE
 NAPLES FL 33999
 US

1095 WHIPPOORWILL LANE
 NAPLES FL 34105-3847
 US

80007657



DO NOT WRITE IN THIS SPACE

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 Applicable

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

COX, DIANE S.
 1095 WHIPPOORWILL LANE
 NAPLES FL 34105

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 Delete
 NAME **WILDER, F. DANIEL**
 STREET ADDRESS **42 GOLF COTTAGE DRIVE**
 CITY-ST-ZIP **NAPLES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

DIANE S. COX
DIANE S. COX

1/6/00

941-261-4404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #