

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31099

1. Entity Name

FLORIDA HEALTH CARE FOUNDATION, INC.

Principal Place of Business

1811 RIVERVIEW DRIVE
MELBOURNE FL 32901-4775

Mailing Address

1811 RIVERVIEW DRIVE
MELBOURNE FL 32901-4775

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

59-2942477

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

BICKERSTAFF, JOAN H
1811 RIVERVIEW DRIVE
MELBOURNE FL 32901-4775

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
BICKERSTAFF, JOAN H
1811 RIVERVIEW DRIVE
MELBOURNE FL 32901-4775 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BICKERSTAFF, JOAN H.
1811 RIVERVIEW DRIVE
MELBOURNE, FL 32901-4775 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
WALDEN, WILLIAM H JR
1811 RIVERVIEW DRIVE
MELBOURNE FL 32901-4775 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
WALDEN, WILLIAM H JR
1811 RIVERVIEW DRIVE
MELBOURNE, FL 32901-4775 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HIRSCH, JULIANA
1811 RIVERVIEW DRIVE
MELBOURNE FL 32901-4775 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
John R. Saxton
1811 Riverview Drive
Melbourne, FL 32901-4775 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHATTERPAUL, SAYSE
1811 RIVERVIEW DR
MELBOURNE FL 32901-4775 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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

(321) 676-7779

Daytime Phone #

CR2E037 (10/00)