

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90076 041 ****61.25

DOCUMENT # N31099

1. Entity Name

FLORIDA HEALTH CARE FOUNDATION, INC.

Principal Place of Business

Mailing Address

**1811 RIVERVIEW DRIVE
 MELBOURNE FL 32901-4775**

**1811 RIVERVIEW DRIVE
 MELBOURNE FL 32901-4775**

2. Principal Place of Business

3. Mailing Address

295 North Drive

295 North Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite G

Suite G

City & State

City & State

Melbourne, FL

Melbourne, FL

Zip

Country

Zip

Country

32934

USA

32934

USA

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**

William H. Walden, Jr.

295 North Drive, Suite G

Melbourne FL 32934

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

04-23-02

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	D	<input type="checkbox"/> Delete
NAME	BICKERSTAFF, JOAN H	
STREET ADDRESS	1811 RIVERVIEW DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32901-4775	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	WALDEN, WILLIAM H JR	
STREET ADDRESS	1811 RIVERVIEW DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32901-4775	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAXTON, JOHN R	
STREET ADDRESS	1811 RIVERVIEW DRIVE	
CITY-ST-ZIP	MELBOURNE FL 32901-4775	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 (9/01)