

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32088

1. Entity Name

RETIRED EMPLOYEES OF TALLAHASSEE MEMORIAL HEALTH

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90162 018 ****70.00

Principal Place of Business

Mailing Address

2103 WOODSTOCK LANE
TALLAHASSEE FL 32303-738
US

2103 WOODSTOCK LANE
TALLAHASSEE FL 32303-2738
US

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

59-2945895

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

EBEL, JOHN A.
2103 WOODSTOCK LANE
TALLAHASSEE FL 32303

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

APRIL 25, 2000
EBEL, JOHN A.

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
TD
EBEL, JOHN A
2103 WOODSTOCK LANE
TALLAHASSEE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
AGNES KING
1900 TY TY COURT
TALLAHASSEE FL 32308-6142 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PPD
LEE, DELMA C
7094 BLUEBERRY HILL DRIVE
TALLAHASSEE FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MARGARET MULLARKEY
1834 DEVRA DRIVE
TALLAHASSEE FL 32303 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
TRIQUET, BETTY LOU
1783 FOLKSTONE ROAD
TALLAHASSEE FL 32312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
OLIVIA MEEKS
1745 CAPITAL CIRCLE, N.E.
TALLAHASSEE FL 32308 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STRICKLAND, BOBBY R.
3657-2 WIGGINTON RD
TALLAHASSEE FL 32303 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LEE, DELMA C
7094 BLUEBERRY HILL DRIVE
TALLAHASSEE FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEMPSEY, DELLA B
ROUTE 5 BOX 5916
MONTICELLO FL ☒ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 25, 2000 850-562-5433

CR2E037 (9/99)