

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90263 001 \*\*\*\*70.00

**DOCUMENT # N32088**

1. Entity Name

**RETIRED EMPLOYEES OF TALLAHASSEE MEMORIAL HEALTH CARE, INC.**

Principal Place of Business

Mailing Address

**2103 WOODSTOCK LANE  
TALLAHASSEE FL 32303-738  
US**

**2103 WOODSTOCK LANE  
TALLAHASSEE FL 32303  
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

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 **TD**  
STREET ADDRESS **EBEL, JOHN A**  
CITY-ST-ZIP **2103 WOODSTOCK LANE  
TALLAHASSEE FL**

TITLE ☐ Change ☒ Addition  
NAME **D ALBRIGHT, ANDREW E.**  
STREET ADDRESS **3040 TIPPERARY DRIVE**  
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

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

TITLE ☐ Change ☒ Addition  
NAME **D BARNES, BETTY**  
STREET ADDRESS **1029 HARLEM STREET**  
CITY-ST-ZIP **TALLAHASSEE, FL 32304**

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

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

TITLE ☐ Delete  
NAME **DS**  
STREET ADDRESS **NELSON, SHIRLEY**  
CITY-ST-ZIP **1212 SPOTSWOOD DRIVE  
TALLAHASSEE FL 32308**

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

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **KING, AGNES**  
CITY-ST-ZIP **1900 TY TY COURT  
TALLAHASSEE FL 32308**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MULLARKEY, MARGARET**  
CITY-ST-ZIP **1834 DEVRA DR  
TALLAHASSEE FL 32303**

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:

*[Signature]*

*April 12, 2002*

*850-562-5400*

CR2E037 (9/01)