

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51031

1. Entity Name

WINTER PARK MEMORIAL HOSPITAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

1870 ALOMA AVENUE  
SUITE 200  
WINTER PARK FL 32789  
US

P.O. BOX 2647  
WINTER PARK FL 32790-2647  
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

59-3143908

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ASHMORE, PATRICIA M  
1870 ALOMA AVENUE  
SUITE 200  
WINTER PARK FL 32789

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

*Patricia M. Ashmore*

Patricia M. Ashmore, President

January 5, 2000

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	EVANS, DAVID L	
STREET ADDRESS	110 E BROADWAY	
CITY-ST-ZIP	OVIDO FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	DEUTSCH, HUNTING F	
STREET ADDRESS	200 S. ORANGE AVE., 8TH FLOOR	
CITY-ST-ZIP	ORLANDO FL 32802	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PROCTOR, RICHARD H	
STREET ADDRESS	354 HENKLE CIRCLE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ASHMORE, PATRICIA M	
STREET ADDRESS	1870 ALOMA AVENUE, SUITE 200	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WARD, HAROLD A III	
STREET ADDRESS	250 PARK AVENUE SOUTH	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

*Patricia M. Ashmore*

Patricia M. Ashmore, Pres. 1/5/00 (407) 644-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #