

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001394

1. Entity Name

CITRUS MEMORIAL HEALTH FOUNDATION MANAGEMENT SER

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90080 046 ****61.25

Principal Place of Business

Mailing Address

502 HIGHLAND BLVD.
INVERNESS FL 34452

502 HIGHLAND BLVD.
INVERNESS FL 34452-4720

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

65-0409040

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

BLASBAND, CHARLES A
502 HIGHLAND BLVD.
INVERNESS FL 34452

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
DV
BRANNEN, JOE S
320 HWY 41 SO
INVERNESS FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SDT
LANGER, DAVID
502 HIGHLAND BLVD.
INVERNESS FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BLASBAND, CHARLES A
502 HIGHLAND BLVD.
INVERNESS FL 34452

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JORDAN, MARILYN
502 HIGHLAND BLVD.
INVERNESS FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SANDERS, JAMES
502 HIGHLAND BLVD.
INVERNESS FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALCORN, STEPHEN W.
609 W. HIGHLAND BLVD.
INVERNESS 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:

Charles A. Blasband
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-00

352-726-1551

Date

Daytime Phone #

CP2EX17 '9/99

N9300000 1394

623305

ATTACHMENT TO 2000 CORPORATION ANNUAL REPORT
CITRUS MEMORIAL HEALTH FOUNDATION MANAGEMENT SERVICES CORP.
FEI NUMBER 65-0409040

BOX 11

OFFICERS AND DIRECTORS CHANGES

7.1 DC D Change

7.2 Henigar, Robert L.

7.3 502 Highland Blvd.

7.4 Inverness, FL 34452

8.1 D

8.2 Kofmehl, C. Phillip

8.3 502 Highland Blvd.

8.4 Inverness, FL 34452

9.1 D

DST

Change

9.2 Langley, Alida

9.3 502 Highland Blvd.

9.4 Inverness, FL 34452

10.1 D

10.2 Jenkins, Randall

10.3 502 Highland Blvd.

10.4 Inverness, FL 34452