

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001394

1. Entity Name

CITRUS MEMORIAL HEALTH FOUNDATION MANAGEMENT SERVICES CORPORATION

Principal Place of Business

502 HIGHLAND BLVD.
INVERNESS FL 34452

Mailing Address

502 HIGHLAND BLVD.
INVERNESS FL 34452

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 D
NAME BRANNEN, JOE S
STREET ADDRESS 320 HWY 41 SO
CITY-ST-ZIP INVERNESS FL ☐ Delete

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

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

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

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

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

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

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

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

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

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

TITLE DST ☒ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES A. BLASBAND

01/22/02

(352) 344-6595

Date

Daytime Phone #

CR2E037 (9/01)

Attachment

Doc. # N93000001394
738147

ATTACHMENT TO 2002 CORPORATION ANNUAL REPORT
CITRUS MEMORIAL HEALTH FOUNDATION MANAGEMENT SERVICES CORP.
FEI NUMBER 65-0409040

BOX 11

OFFICERS AND DIRECTORS CHANGES

7.1 D
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 DV	DC	Change
9.2 Langley, Alida		
9.3 502 Highland Blvd.		
9.4 Inverness, FL 34452		

10.1 D	DELETE	D	Addition
10.2 Jenkins, Randall		Frankel, Deborah	
10.3 502 Highland Blvd.		502 Highland Blvd.	
10.4 Inverness, FL 34452		Inverness, FL 34452	

11.1 DST	DV	Change
11.2 Chadwick, Sandra		
11.3 502 Highland Blvd.		
11.4 Inverness, FL 34452		

12.1 D
12.2 Fredrick, Debra
12.3 502 Highland Blvd.
12.4 Inverness, FL 34452

13.1 D		
13.2 Stringer, Thomas F		Addition
13.3 609 W. Highland Blvd.		
13.4 Inverness, FL 34452		