

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001672

1. Entity Name

THE HOSPICE INSTITUTE OF THE FLORIDA SUNCOAST, I

Principal Place of Business

Mailing Address

300 E BAY DR
LARGO FL 33770
US

300 E BAY DR
LARGO FL 33770-3716
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

59-3176721

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

LABYAK, MARY
300 E BAY DR
LARGO FL 34640

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 P
NAME LABYAK, MARY
STREET ADDRESS 300 E BAY DR
CITY-ST-ZIP LARGO FL 34640 ☐ Delete

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

TITLE D
NAME MILLER, ROBERT
STREET ADDRESS 1301 5TH AVE
CITY-ST-ZIP ST PETERSBURG FL ☐ Delete

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

TITLE D
NAME CHAMBERLAIN, KERRY DO
STREET ADDRESS 13844 WALSINGHAM RD
CITY-ST-ZIP LARGO FL ☐ Delete

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

TITLE D
NAME CRISTIE, JOAN
STREET ADDRESS 10388 BARRY DR
CITY-ST-ZIP LARGO FL ☐ Delete

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

TITLE CD
NAME MCINTOSH, NANCY
STREET ADDRESS 745 PINELLAS BAYWAY UNIT 204
CITY-ST-ZIP TIERRA VERDE FL 33715 ☐ Delete

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

TITLE D
NAME ETEN, MARY JEAN
STREET ADDRESS 7024 HIBISCUS AVE SOUTH
CITY-ST-ZIP ST PETERSBURG 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90125 002 ****61.25

948486



DO NOT WRITE IN THIS SPACE

4-5-00 727-586-4432