

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90240 034 ****61.25

DOCUMENT # N93000001672

1. Entity Name

THE HOSPICE INSTITUTE OF THE FLORIDA SUNCOAST, I

Principal Place of Business

300 E BAY DR
 LARGO FL 33770
 US

Mailing Address

300 E BAY DR
 LARGO FL 33777
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33770

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

01-16-01

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

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

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

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

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **CHAMBERLAIN, KERRY DO**
 CITY-ST-ZIP **13644 WALSINGHAM RD**
LARGO FL

TITLE ☐ Change ☒ Addition
 NAME **V/D**
 STREET ADDRESS **Roxanne Sams**
 CITY-ST-ZIP **701 6th Street S**
St Petersburg, FL 33701

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

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

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

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ETTEN, MARY JEAN**
 CITY-ST-ZIP **7024 HIBISCUS AVE SOUTH**
ST PETERSBURG FL

TITLE ☒ Change ☐ Addition
 NAME **C/D**
 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-16-01

727-586-4432

Date

Daytime Phone #

CR2E037 (10/00)

Attachment
AW 21817

The Hospice Institute of the Florida Suncoast
Board of Trustees
2000-2001

N93000001672

Mary Labyak, Chief Executive Director

Kathy Egan, VP Institute

Mary Jean Etten, Ed D, **Chair**
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Attachment
A0021817

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Attachment
A0221817

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Term Expires 2001

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