

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

DOCUMENT # N93000002499

1. Entity Name

FRIENDS OF G. PIERCE WOOD MEMORIAL HOSPITAL, INC

FILED
May 24, 2000 8:00 am
Secretary of State

03-29-2000 90080 026 ****61.25

Principal Place of Business

Mailing Address

5847 SE HWY 31
ARCADIA FL 34266

5847 SE HWY 31
ARCADIA FL 34266-7679

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

65-0399510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TURNER, RONALD A
603 E. OAK STREET
ARCADIA FL 34266

7. Name and Address of New Registered Agent

Name CHARLES F. PRIEST

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

5998 S W SMITH ROAD

P.O. BOX 509

City NOCATEE

FL

Zip Code 34268

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

Charles F. Priest
Signature, typed or printed name of registered agent and title if applicable

Charles F. Priest
(NOTE: Registered Agent signature required when reinstating)

3-23-99

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	D	<input checked="" type="checkbox"/> Delete
NAME	BARNES, SUSAN	
STREET ADDRESS	1295 SE AIRPORT ROAD	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	S D	<input type="checkbox"/> Delete
NAME	DODGE, DEBORAH	
STREET ADDRESS	21249 CHATBURN AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUCKABY, JIMMY	
STREET ADDRESS	5357 SW PROVALL AVE	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATERS, DON	
STREET ADDRESS	1760 S.E. PLUM DRIVE	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIMMAT, DOROTHY	
STREET ADDRESS	303 BRIDLE PATH WAY	
CITY-ST-ZIP	ARCADIA FL 34266	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRUEBER, JOSEPHINE	
STREET ADDRESS	178 BRIDLE PATH WAY	
CITY-ST-ZIP	ARCADIA FL 34266	

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		
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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:

Charles F. Priest
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-00

Date

Daytime Phone #

CR2E037 (9/99)