

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-27-2000 90093 005 ****61.25

DOCUMENT # N95000004580

1. Entity Name

VOLUNTEERS OF CHARLOTTE REGIONAL MEDICAL CENTER

Principal Place of Business

Mailing Address

**809 EAST MARION AVENUE
 PUNTA GORDA FL 33950**

**809 EAST MARION AVENUE
 PUNTA GORDA FL 33950-3819**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0620537

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOFFMAN, DIANA L
 23295 FULLERTON AVE
 PT CHARLOTTE FL 33980**

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 **PD** Delete
 NAME **SHORE, FRANK**
 STREET ADDRESS **526 VIA CINTIA**
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **PD** Change Addition
 NAME **Weitz, William**
 STREET ADDRESS **10316 Arrowhead Dr.**
 CITY-ST-ZIP **Punta Gorda, FL 33955**

TITLE **VD** Delete
 NAME **WEITZ, WILLIAM**
 STREET ADDRESS **10316 ARROWHEAD DR**
 CITY-ST-ZIP **PUNTA GORDA FL 33955**

TITLE **VD** Change Addition
 NAME **Shore, Frank**
 STREET ADDRESS **526 Via Cintia**
 CITY-ST-ZIP **Punta Gorda, FL 33950**

TITLE **SD** Delete
 NAME **HICKS, MILDRED**
 STREET ADDRESS **23033 WESTCHESTER BLVD, F316**
 CITY-ST-ZIP **PT CHARLOTTE FL 33980**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **KINSMAN, HELEN A**
 STREET ADDRESS **3250 SULSTONE DR**
 CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HOFFMAN, DIANA L**
 STREET ADDRESS **23295 FULLERTON AVE**
 CITY-ST-ZIP **PT CHARLOTTE FL 33980**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE 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 all other like empowered.

SIGNATURE: *Mildred G. Hicks* **Mildred G. Hicks**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-00 **914-637-2520**

Date

Daytime Phone #

CR2E037 (9/99)