

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

08-06-2002 90129 033 \*\*\*\*61.25

**DOCUMENT # N95000004580**

1. Entity Name

**VOLUNTEERS OF CHARLOTTE REGIONAL MEDICAL CENTER INC.**

Principal Place of Business

Mailing Address

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

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

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

**65-0620537**

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
min. will be \$236.25.**

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

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

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

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

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

TITLE ☒ Change ☒ Addition  
NAME **SD**  
STREET ADDRESS **KATINSKY, JEAN**  
CITY-ST-ZIP **24324 BUCKINGHAM WAY**  
**PT CHARLOTTE, FL 33980**

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

TITLE ☒ Change ☐ Addition  
NAME **TD**  
STREET ADDRESS **SHORE, FRANK**  
CITY-ST-ZIP **526 VIA CINTIA**  
**PT CHARLOTTE, FL 33980**

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:

**SIGNATURE REQUIRED**

7-31-02 (94) 637-2520

CR2E037 (4/02)