

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003077

1. Entity Name

RIVERSIDE HEALTHCARE FOUNDATION, INC.

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90050 001 ****61.25

Principal Place of Business

Mailing Address

3014 U.S. HIGHWAY 301 NORTH
SUITE 500
TAMPA FL 33619
US

3014 U.S. HIGHWAY 301 NORTH
SUITE 500
TAMPA FL 33619-2273
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

59-3382698

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

TAYLOR, PETER F
3014 US HWY 301N
STE 500
TAMPA FL 33619

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

TITLE	TPD	<input type="checkbox"/> Delete
NAME	HUTYA, EDWARD A	
STREET ADDRESS	3014 U.S. HIGHWAY 301 NORTH	
CITY-ST-ZIP	TAMPA FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	TAYLOR, PETER F	
STREET ADDRESS	3014 U.S. HIGHWAY 301 NORTH	
CITY-ST-ZIP	TAMPA FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BERICK, HAZEL	
STREET ADDRESS	3014 US HWY 301 N	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
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	
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:

Edward A. Hutya
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/7/00

813-621-7112

CR2E037 (9/99)