

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006601

1. Entity Name

JOHN ALLEN HAMER, MD. MEMORIAL FOUNDATION, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90227 006 ****61.25

Principal Place of Business

693 GREEN MEADOW AVENUE
MAITLAND FL 32751

Mailing Address

OAK HURST CENTRE
1205 MAYTOWN ROAD
OAK HILL FL 32759-9103

2. Principal Place of Business

1205 Maytown Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

Oak Hill, Florida

City & State

Zip

32759

Country

Volusia

Country

4. FEI Number

59-3424815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HURST, EDWARD E
1205 MAYTOWN ROAD
OAK HILL FL 32789

7. Name and Address of New Registered Agent

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 ☐ Delete
NAME VD
STREET ADDRESS JARVIS, SHERRY C
CITY-ST-ZIP 602 INDIAN RIVER BLVD #201
EDGEWATER FL 32141

TITLE ☐ Delete
NAME P/M
STREET ADDRESS HURST, EDWARD E.
CITY-ST-ZIP 1205 MAYTOWN RD.
OAK HILL FL 32759

TITLE ☐ Delete
NAME T/D
STREET ADDRESS HURST, KAREN K.
CITY-ST-ZIP 1205 MAYTOWN RD.
OAK HILL FL 32759

TITLE ☒ Delete
NAME S
STREET ADDRESS BECKFORD, PATRICIA
CITY-ST-ZIP 1423 SERISSA COURT
ORLANDO FL 32818

TITLE ☐ Delete
NAME C
STREET ADDRESS KIME, HAROLD H.
CITY-ST-ZIP 3501 PREMIER DR.
CASSELBERRY FL 32707

TITLE ☐ Delete
NAME D
STREET ADDRESS RICHARDSON, JANA
CITY-ST-ZIP 225 S. INERLACHEN
WINTER PARK FL 32789

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
NAME S
STREET ADDRESS Wolfe, Darrell
CITY-ST-ZIP 710 Lake Shore Dr
Ocala, FL 32761

TITLE ☐ Change ☐ Addition
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
K. Hurst

Date

1-18-00

Daytime Phone #

904-345-1975