

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000002717**

1. Entity Name

HOSPICE FOUNDATION, INC.**FILED**
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90078 046 *****70.00

0080307

Principal Place of Business

**12107 MAJESTIC BOULEVARD
HUDSON FL 33667**

Mailing Address

**12107 MAJESTIC BOULEVARD
HUDSON FL 33667**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3467282

Applied For

Not Applicable

Zip

Country

Zip

Country

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, RODNEY S
12107 MAJESTIC BLVD
HUDSON FL 34667**

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	P	<input checked="" type="checkbox"/> Delete
NAME	KILGORE, DEBORAH	
STREET ADDRESS	71544 HEATHER WALK DRIVE	
CITY-ST-ZIP	BROOKSVILLE FL 34613	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gruebel, Kenneth	
STREET ADDRESS	6000 Fall River Circle	
CITY-ST-ZIP	New Port Richey, FL 34655	

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ROERTSON, LYLE	
STREET ADDRESS	8025 GLEN EAGLE DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Black, Wayne	
STREET ADDRESS	2829 Kingswood Circle	
CITY-ST-ZIP	Brooksville, FL 34609	

TITLE	S	<input type="checkbox"/> Delete
NAME	FULLER, STEPHENIA	
STREET ADDRESS	101531 FARNUM COURT	
CITY-ST-ZIP	PORT RICHEY FL 34668	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	CAWLEY, JAY	
STREET ADDRESS	8105 ROXBORO DR	
CITY-ST-ZIP	HUDSON FL 34667	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ED	<input type="checkbox"/> Delete
NAME	TAYLOR, RODNEY S	
STREET ADDRESS	12107 MAJESTIC BLVD	
CITY-ST-ZIP	HUDSON FL 34667	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NILL, CARL	
STREET ADDRESS	10815 LOS SANTOS DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/01

CR2E037 (10/00)