

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90233 028 ****61.25

DOCUMENT # N97000002717

1. Entity Name

HOSPICE FOUNDATION, INC.



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

Zip

Country

Zip

Country

4. FEI Number **59-3467282**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**TAYLOR, RODNEY S
12107 MAJESTIC BLVD
HUDSON FL 34667**

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	MCHUGH, MICHAEL	
STREET ADDRESS	5397 PATRICIA PLACE	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE	P	<input type="checkbox"/> Delete
NAME	GRUEBEL, KENNETH	
STREET ADDRESS	6000 FALL RIVER CIRCLE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	S	<input type="checkbox"/> Delete
NAME	FLECK, PATRICIA	
STREET ADDRESS	5466 SPRING HILL DRIVE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	T	<input type="checkbox"/> Delete
NAME	CAWLEY, JAY	
STREET ADDRESS	8105 ROXBORO DR	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	ED	<input type="checkbox"/> Delete
NAME	TAYLOR, RODNEY S	
STREET ADDRESS	12107 MAJESTIC BLVD	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	D	<input type="checkbox"/> Delete
NAME	NILL, CARL	
STREET ADDRESS	10815 LOS SANTOS DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	

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:

SIGNATURE REQUIRED

1/24/03

727-863-7971

Date

Daytime Phone #

CP2E037 (10/02)