2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

with an address, with all other like empowered.

FILED DOGUMENT # N9700006680 Apr 03, 2000 8:00 am Secretary of State 1. Entity Name CENTRAL FLORIDA HEALTH CARE DEVELOPMENT FOUNDAT! 04-03-2000 90117 035 ****70.00 Principal Place of Business Mailing Address 600 EAST DIXIE AVENUE 600 EAST DIXIE AVENUE LEESBURG FL 34748-5925 LEESBURG FL 34748 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3479171 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) ROBUCK, H.D. JR 610 EAST MAIN STREET LEESBURG FL 34748 City Zip Code FL 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 DATÉ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition CD TITLE TITLE ☐ Delete see Additurnal NAME GREGG, JAMES R NAME offices Attached STREET ADDRESS 2932 S PORTOBELLO AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34748 ☐ Change ☐ Addition **VPD** TITLE TITLE ☐ Delete NAME BRIDGES, CLIFTON L NAME STREET ADDRESS STREET ADDRESS 6525 SUNNYSIDE DRIVE CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34748 DT TITLE Change Addition TITLE ☐ Delete TALLEY, WILLIAM J NAME NAME STREET ADDRESS STREET ADDRESS 2206 TALLEY COURT ROAD CITY-ST-7IF CITY-ST-ZIP <u>Leesburg FL 34748</u> Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME BENT, KAREN STREET ADDRESS STREET ADDRESS 811 BERRYHILL CIRCLE CITY-ST-ZIP CITY-ST-7IP FRUITLAND PARK FL 34731 ☐ Addition Change TITLE ☐ Delete TITLE NAME BOLIEK, R RICHARD NAME STREET ADDRESS STREET ADDRESS 01403 SPRING LAKE ROAD CITY-ST-ZIP CITY-ST-ZIP FRUITLAND PARK FL 34731 ☐ Change TITLE **Delete** TITLE ☐ Addition **BOWERSOX. WILLIAM P** NAME NAME STREET ADDRESS STREET ADDRESS 505 W GIBSON STREET CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34748 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

352*32*3*500* 2

Date

CENTRAL FLORIDA HEALTH CARE DEVELOPMENT FOUNDATION BOARD OF DIRECTORS 1999 ADDITIONAL OFFICERS

John Bozard 1414 Kuhl Avenue Orlando, FL 32806

Wendell Colson 11200 Lane Park Road Tavares, FL 32778

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