

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State
 01-29-2001 90076 033 ****70.00

DOCUMENT # N97000006680

1. Entity Name
 CENTRAL FLORIDA HEALTH CARE DEVELOPMENT FOUNDATI

Principal Place of Business 600 EAST DIXIE AVENUE LEESBURG FL 34748	Mailing Address 600 EAST DIXIE AVENUE LEESBURG FL 34748
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3479171	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROBUCK, H.D. JR
 610 EAST MAIN STREET
 LEESBURG FL 34748

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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GREGG, JAMES R 2932 S PORTOBELLO AVENUE LEESBURG FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Please see the attached list of all additional officers.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRIDGES, CLIFTON L 6525 SUNNYSIDE DRIVE LEESBURG FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TALLEY, WILLIAM J 2206 TALLEY COURT ROAD LEESBURG FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENT, KAREN 811 BERRYHILL CIRCLE FRUITLAND PARK FL 34731 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLIEK, R RICHARD 01403 SPRING LAKE ROAD FRUITLAND PARK FL 34731 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, BARBARA J 2 PALM DR YALAHUA FL 34797 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: January 17, 2001 Daytime Phone #: 352-787-4434

CR2E037 (10/00)

CENTRAL FLORIDA HEALTH CARE DEVELOPMENT FOUNDATION
ADDITIONAL
BOARD OF DIRECTORS

Attachment

10010869

DH#N97000006680

John Bozard
1414 Kuhl Avenue
Orlando, FL 32806

Wendell Colson
11200 Lane Park Road
Tavares, FL 32778

James M. Hardy, M.D.
601 E. Dixie Avenue, Plaza 901
Leesburg, FL 34748

Steve Kurtz
P.O. Box 490420
Leesburg, FL 34749-0420

John McLeod
P.O. Box 895007
Leesburg, FL 34789-5007

Robert T. Meade, M.D.
801 E. Dixie Avenue, Suite A-107
Leesburg, FL 34748

Ted R. Ostrander, Jr.
P.O. Box 490690
Leesburg, FL 34749-0690

George H. Rast
821 Lake Port Boulevard, A-404
Leesburg, FL 34748

Midge M. Rast
821 Lake Port Boulevard, A-404
Leesburg FL 34748

William H. Rose
1093 Palm Harbor Drive
Leesburg, FL 34748

Joanne B. Sherman
425 S. Whitney Road
Leesburg, FL 34748

Timothy I. Sullivan
P.O. Box 836
Fruitland Park, FL 34731