

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000006680**

1. Entity Name

**CENTRAL FLORIDA HEALTH CARE DEVELOPMENT FOUNDATI
ON, INC.**

Principal Place of Business

Mailing Address

**600 EAST DIXIE AVENUE
LEESBURG FL 34748****600 EAST DIXIE AVENUE
LEESBURG FL 34748**

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

59-3479171

Applied For

Not Applicable

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

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 \$61.259. 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	CD	<input type="checkbox"/> Delete
NAME	GREGG, JAMES R	
STREET ADDRESS	2932 S PORTOBELLO AVENUE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BRIDGES, CLIFTON L	
STREET ADDRESS	6525 SUNNYSIDE DRIVE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	DT	<input type="checkbox"/> Delete
NAME	TALLEY, WILLIAM J	
STREET ADDRESS	2206 TALLEY COURT ROAD	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENT, KAREN	
STREET ADDRESS	811 BERRYHILL CIRCLE	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOLIEK, R RICHARD	
STREET ADDRESS	01403 SPRING LAKE ROAD	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, BARBARA J	
STREET ADDRESS	2 PALM DR	
CITY-ST-ZIP	YALAHUA FL 34797	

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
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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	

Please see the attached list of all
additional officers.

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 #

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90008 040 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

Attachment
Doc # N970000000000

BDO19961

CENTRAL FLORIDA HEALTH CARE DEVELOPMENT FOUNDATION
ADDITIONAL
BOARD OF DIRECTORS

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