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

FILED
Feb 21, 2003 8:00 am
Secretary of State
02-21-2003 90251 037 ****70.00

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

☐ CHECK HERE IF MAKING CHANGES

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. 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			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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC STEVE KURTZ 600 E DIXIE LEESBURG, FL 34748	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BRIDGES, CLIFTON L 6525 SUNNYSIDE DRIVE LEESBURG FL 34748	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/SIT WENDELL COLON 11200 LAKE PARK RD TAVARES, FL 32778	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT TALLEY, WILLIAM J 2206 TALLEY COURT ROAD LEESBURG FL 34748	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TIM SULLIVAN 600 E DIXIE LEESBURG, FL 34748	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENT, KAREN 811 BERRYHILL CIRCLE FRUITLAND PARK FL 34731	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES HANEY 601 E DIXIE PLAZA 901 LEESBURG, FL 34748	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOLIEK, R RICHARD 01403 SPRING LAKE ROAD FRUITLAND PARK FL 34731	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHANNON ELSNICK 1414 KUHL AVE ORLANDO, FL 32806	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WRIGHT, BARBARA J 2 PALM DR YALAHA FL 34797	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)

Attachment #

CENTRAL FLORIDA HEALTH CARE DEVELOPMENT FOUNDATION
BOARD OF DIRECTORS
2003

N97000006680

Name

*William Talley, Jr., Chairman & President
P.O. Box 490817
Leesburg, FL 34749-0817

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

*Wendell Colson, Secretary/Treasurer
11200 Lane Park Road
Tavares, FL 32778

*Clifton L. Bridges, M.D.
P.O. Box 490817
Leesburg, FL 34749-0817

*James R. Gregg
1326 North Boulevard West
Suite 7
Leesburg, FL 34748-3997

Mr. Tim Sullivan
P.O. Box 490245
Leesburg, FL 34749-0245

P. Shannon Elswick, V P Community Hospitals
Orlando Regional Healthcare
1414 Kuhl Avenue
Mail Point #1
Orlando, FL 32806

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

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

Doug Braun
P.O. Box 491366
Leesburg, FL 34749-1366

*Denotes Executive & Investment/Finance Committee Members