

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000570

1. Entity Name

FLORIDA STATUTORY TEACHING HOSPITAL COUNCIL, INC

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90006 031 ****61.25

Principal Place of Business Mailing Address
215 SOUTH MONROE STREET, 2ND FLOOR 215 SOUTH MONROE STREET, 2ND FLOOR
TALLAHASSEE FL 32301 TALLAHASSEE FL 32301-1839

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 **59-3499157**
APPLIED FOR 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

DELEGAL, MARK K ESQ
PENNINGTON MOORE WILKINSON BELL & DUNBAR
215 S MONROE ST, 2ND FLOOR
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. 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 ☐ Delete
NAME GANTER, RICHARD J
STREET ADDRESS 1600 SW ARCHER RD.
CITY-ST-ZIP GAINSVILLE FL 32610

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VCD ☐ Delete
NAME GORRIE, JAN JOHNSON ESQ
STREET ADDRESS 3109 FOUNTAIN BLVD
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME DELEGAL, MARK K ESQ
STREET ADDRESS 215 S MONROE ST, 2ND FLOOR
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-2000 **850**
222-3533
Date Daytime Phone #

CR2E037 (9/99)