

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90024 008 ****61.25

DOCUMENT # N98000000570

1. Entity Name

FLORIDA STATUTORY TEACHING HOSPITAL COUNCIL, INC

Principal Place of Business

Mailing Address

**215 SOUTH MONROE STREET, 2ND FLOOR
TALLAHASSEE FL 32301**

**215 SOUTH MONROE STREET, 2ND FLOOR
TALLAHASSEE FL 32301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3499157**

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

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☒ Delete
NAME **GAINTER, RICHARD J**
STREET ADDRESS **1600 SW ARCHER RD.**
CITY-ST-ZIP **GAINSVILLE FL 32610**

TITLE **CD** ☐ Change ☒ Addition
NAME **John W. Hillenmeyer**
STREET ADDRESS **1414 Kuhl Avenue**
CITY-ST-ZIP **Orlando, FL 32806**

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 **ID** ☐ 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
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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

4-9-2002

Date

**850
222-3533**
Daytime Phone #

CR2E037 (9/01)