

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

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90226 004 \*\*\*\*61.25

**DOCUMENT # N98000000570**

1. Entity Name

**FLORIDA STATUTORY TEACHING HOSPITAL COUNCIL, INC**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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

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

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 establishing 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 re-stating)

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

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

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

TITLE **CD** ☐ Delete  
NAME **HILLENMEYER, JOHN W**  
STREET ADDRESS **1414 KUHLE AVENUE**  
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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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**

**1/20/2003 850 227-3533**

CR2E037 (10/02)