

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004458

1. Entity Name

SOUTH FLORIDA STATE HOSPITAL FINANCING CORPORATION

Principal Place of Business

Mailing Address

4200 Wackenhut Drive  
Palm Beach Gardens, Florida 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

McNair Persante, Patricia  
4200 Wackenhut Drive  
Palm Beach Gardens, Florida 33410

Name

Bulfin, John

Street Address (P.O. Box Number is Not Acceptable)

4200 Wackenhut Drive

City

Palm Beach Gardens

FL

Zip Code

33410

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

*John Bulfin*  
Signature, typed or printed name of registered agent and title if applicable

John Bulfin, Director/Secretary/Treasurer

(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	D	<input checked="" type="checkbox"/> Delete
NAME	Croft, Dennis L.	
STREET ADDRESS	1317 Winewood Blvd.	
CITY-ST-ZIP	Tallahassee, Florida 32399-0700	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Clotfelter, Wayen	
STREET ADDRESS	1317 Winewood Blvd.	
CITY-ST-ZIP	Tallahassee, Florida 32399-0700	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	McNair Persante, Patricia	
STREET ADDRESS	4200 Wackenhut Drive	
CITY-ST-ZIP	Palm Beach Gardens, Florida 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maddux, Ron	
STREET ADDRESS	4200 Wackenhut Drive	
CITY-ST-ZIP	Palm Beach Gardens, Florida 33410	
TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Calabrese, Wayne H.	
STREET ADDRESS	4200 Wackenhut Drive	
CITY-ST-ZIP	Palm Beach Gardens, Florida 33410	
TITLE	D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bulfin, John	
STREET ADDRESS	4200 Wackenhut Drive	
CITY-ST-ZIP	Palm Beach Gardens, Florida 33410	
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
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:

*Ron Maddux*  
Signature and typed or printed name of signing officer or director

10/09/00

Ron Maddux, Director/President (800) 275-8370

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 OCT 10 AM 9:26

DO NOT WRITE IN THIS SPACE

09-12-00 90005 030 \$61.25

4. FEI Number

65-1042204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (9/99)