

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03188

1. Entity Name

DEBORAH HOSPITAL FOUNDATION, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90070 014 ****70.00

Principal Place of Business

Mailing Address

212 TRENTON ROAD/CYMROT CENTER
BROWNS MILLS, NJ. 08015

212 TRENTON ROAD/CYMROT CENTER
BROWNS MILLS, NJ. 08015-1705

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

22-2049500

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

Name

CHRIS GOLIA

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

ATRIUM FINANCIAL CENTER

1515 NORTH FEDERAL HIGHWAY - SUITE 304

City

BOCA RATON

FL

Zip Code 33432

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.

CHRIS GOLIA , DIRECTOR FLORIDA REGION

2/10/00

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 ☐ Delete

NAME MARGEORTES, SPERO
STREET ADDRESS TRENTON ROAD
CITY-ST-ZIP BROWNS MILLS NJ

TITLE ☐ Delete

NAME KATZ, JULIUS
STREET ADDRESS TRENTON ROAD
CITY-ST-ZIP BROWNS MILLS NJ

TITLE ☐ Delete

NAME ERNST, JOHN
STREET ADDRESS TRENTON ROAD
CITY-ST-ZIP BROWNS MILLS NJ

TITLE ☐ Delete

NAME MINARDO, CARL J.
STREET ADDRESS TRENTON ROAD
CITY-ST-ZIP BROWNS MILLS NJ

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)