

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07689

Entity Name: UNIVERSITY COMMUNITY HOSPITAL FOUNDATION, INC.**Current Principal Place of Business:**3100 E FLETCHER AVE
TAMPA, FL 33613**Current Mailing Address:**3100 E FLETCHER AVE
TAMPA, FL 33613 US**FEI Number:** 59-2554889**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TEPPERT, LAURIE
14055 RIVEREDGE - STE. 250
TAMPA, FL 33637 US*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:** LAURIE TEPPERT

03/05/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TRUSTEE
Name MEYER, FRED
Address 711 GUI SANDO DE AVILLA
City-State-Zip: TAMPA FL 33613

Title TREASURER, CHAIRMAN
Name STONESIFER, KURT MD
Address 16201 SENTRY WOODS COURT
City-State-Zip: ODESSA FL 33556

Title TRUSTEE, SECRETARY
Name AZZARELLI, ELENA
Address 16604 MILLAN DE AVILA
City-State-Zip: TAMPA FL 33613

Title TRUSTEE, VC
Name JOYCE, ROGER
Address 30214 LAURELWOOD LANE
City-State-Zip: WESLEY CHAPEL FL 33543

Title TRUSTEE
Name LAY, STEVE MD
Address 8502 LAYS COVE PLACE
City-State-Zip: ODESSA FL 33556

Title TRUSTEE
Name TAYLOR, TODD
Address 1035 GUI SANDO DE AVILA
City-State-Zip: TAMPA FL 33613

Title TRUSTEE
Name PARADISE, ERICA
Address 16305 MORADAS DE AVILA
City-State-Zip: TAMPA FL 33613

Title TRUSTEE
Name AUSTIN, DAN
Address 1105 FLORES DE AVILA
City-State-Zip: TAMPA FL 33613

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELENA AZZARELLI**SECRETARY**

03/05/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name RAINEY, MICHAEL
Address 17816 SIMMS ROAD
City-State-Zip: ODESSA FL 33556

Title TRUSTEE
Name GERVAIS, MICHELLE
Address 3100 E. FLETCHER AVENUE
City-State-Zip: TAMPA FL 33613

Title TRUSTEE
Name WEIDNER, DAVID
Address 3100 E. FLETCHER AVENUE
City-State-Zip: TAMPA FL 33613

Title TRUSTEE
Name BUTLER, BRIAN
Address 3100 E. FLETCHER AVENUE
City-State-Zip: TAMPA FL 33613

Title TRUSTEE
Name HAMER, BRYAN
Address 3100 E. FLETCHER AVENUE
City-State-Zip: TAMPA FL 33613

Title TRUSTEE
Name ZITO, GLENN
Address 3100 E. FLETCHER AVENUE
City-State-Zip: TAMPA FL 33613