

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748107

1. Entity Name

POLK COUNTY MEDICAL ASSOCIATION ALLIANCE, INC.

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90011 037 \*\*\*\*70.00

Principal Place of Business

832 SPRING LAKE SQ  
WINTER HAVEN FL 33881  
US

Mailing Address

832 SPRING LAKE SQ  
WINTER HAVEN FL 33881-1338  
US

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

59-1888051

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

MURPHY, BEVERLY  
832 SPRING LAKE SQUARE  
WINTER HAVEN FL 33881

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

*Beverly Murphy*

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 CD  
STREET ADDRESS LYLE, DONNA  
CITY-ST-ZIP 204 LOCHEN COURT  
WINTER HAVEN FL 33884

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

TITLE ☐ Delete  
NAME CD  
STREET ADDRESS SILBINGER, KRISTA  
CITY-ST-ZIP 99 LAMBERDUN ROAD  
WINTER HAVEN FL 33884

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 99 Lameraux Road  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS DONNA LYLE  
CITY-ST-ZIP 204 LOCHEN CT.  
WINTER HAVEN FL

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

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS KRISTA SILBINGER  
CITY-ST-ZIP 99 LAMERAUX RD.  
WINTER HAVEN FL

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

TITLE ☐ Delete  
NAME TV  
STREET ADDRESS CASSELL, MARY ANN  
CITY-ST-ZIP 3384 GAINES COUR SE  
WINTER HAVEN FL 33884

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

TITLE ☐ Delete  
NAME TS  
STREET ADDRESS MISCH, DEBBIE  
CITY-ST-ZIP 6012 CRICKET DRIVE  
LAKELAND FL

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-00

Date

(941) 324-8488

Daytime Phone #

CR2E037 (9/99)