

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765370

1. Entity Name

THE LOCAL HEALTH COUNCIL OF EAST CENTRAL FLORIDA

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90045 009 ****61.25

Principal Place of Business 1155 S SEMORAN BLVD. STE 1111 WINTER PARK FL 32792-505 US	Mailing Address 1155 S SEMORAN BLVD. STE 111 WINTER PARK FL 32792-5528 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2227752	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WINDHAM, STEVE CMPH
1155 S SEMORAN BLVD
1111
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name **Dieter Carlton, Acting Director**

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

Same

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 DATE **3/2/2000**

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GANT, GEORGE M.D.	
STREET ADDRESS	1875 BOGGY CREEK RD	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARTER, LYNDIA V	
STREET ADDRESS	710 W. COLONIAL DRIVE #201	
CITY-ST-ZIP	ORLANDO FL 32804-7309	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LOPEZ, LOTTE P	
STREET ADDRESS	1214 BANANA RIVER DRIVE	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	FOWLER, RICHARD D	
STREET ADDRESS	402 S CENTRAL AVE	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITAKER, JIM	
STREET ADDRESS	400 E SHERIDAN	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LAMAR, ARTHUR	
STREET ADDRESS	1337-C CHENEY HWY	
CITY-ST-ZIP	TITUSVILLE FL 32780	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jay Marshall Hughes	
STREET ADDRESS	1315 Sunset Drive, Winter Park Fl 32789	
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: DATE **3/2/2000**

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (9/99)