

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K42284
1. Entity Name
FLORIDA AERO MEDICAL ASSOCIATION, INCORPORATED

FILED
01 NOV 21 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 1600 STRALY DRIVE, GAINESVILLE FL 32610, US
Mailing Address: 239 S. BAY HARBOR DR., KEY LARGO FL 33037, US
Clearwater FL 33762

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: *1824 SHORE DR. S. APT. 111*
City & State: *S. PASADENA, FL*
Zip: *33707* Country: *USA*

4. FEI Number: 59-2941641
5. Certificate of Status Desired: \$8.75 Additional Fee Required
Barcode: 815/01 90006-043
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DELGADO, JUAN E
239 S. BAY HARBOR DR.
KEY LARGO FL 33037

7. Name and Address of New Registered Agent
Name: *NANCY HUNTER*
Street Address (P.O. Box Number is Not Acceptable): *1824 SHORE DR. S. APT. 111*
As Above
City: *S. PASADENA, FL* Zip Code: *33707*

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: *Nancy Hunter* DATE: *8/15/01*

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS

TITLE	<i>P</i>	<input type="checkbox"/> Delete
NAME	<i>HOWARD, JAMES</i>	
STREET ADDRESS	<i>1800 SHEALY DRIVE</i>	
CITY-ST-ZIP	<i>GAINESVILLE FL 32610</i>	
TITLE	<i>D</i>	<input type="checkbox"/> Delete
NAME	<i>GRIMES, KEVIN</i>	
STREET ADDRESS	<i>701 6 STREET SOUTH</i>	
CITY-ST-ZIP	<i>SAINT PETERSBURG FL 33701</i>	
TITLE	<i>ST.</i>	<input type="checkbox"/> Delete
NAME	<i>DELGAROD, JUAN E</i>	
STREET ADDRESS	<i>239 S. BAY HARBOR DR.</i>	
CITY-ST-ZIP	<i>KEY LARGO FL 33037</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>P</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>DELGADO, JUAN E</i>	
STREET ADDRESS	<i>239 S. BAY HARBOR DR.</i>	
CITY-ST-ZIP	<i>KEY LARGO, FL 33037</i>	
TITLE	<i>ST.</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>NANCY HUNTER</i>	
STREET ADDRESS	<i>1824 SHORE DR. S.</i>	
CITY-ST-ZIP	<i>S. PASADENA, FL 33707</i>	
TITLE	<i>D.</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>KEVIN GRIMES</i>	
STREET ADDRESS	<i>701 6 STREET S.</i>	
CITY-ST-ZIP	<i>ST. PETERSBURG, FL 33701</i>	
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		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: *DELGADO* DATE: *8/15/01* DAYTIME PHONE: *305-596-1920*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR