

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K96664

1. Entity Name

BASIC TRAUMA LIFE SUPPORT OF FLORIDA, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90012 013 ***150.00

Principal Place of Business

Mailing Address

C/O ~~PHYLLIS S. KIMBLE~~ Linda Fox
3717 S CONWAY RD
ORLANDO FL 32812-4607
US

C/O ~~PHYLLIS S. KIMBLE~~ Linda Fox
3717 S CONWAY RD
ORLANDO FL 32812-7607
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

59-2959442

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

~~BRUNNER, BETH~~
3717 S. CONWAY RD
ORLANDO FL 32812

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	GIANAS, PETE	
STREET ADDRESS	43434 SEMINOLE	
CITY-ST-ZIP	STARKE FL	
TITLE	D	☐ Delete
NAME	NELSON, JOE, D.O.	
STREET ADDRESS	5551 NW 9TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	RA	☐ Delete
NAME	BRUNNER, BETH P.	
STREET ADDRESS	3717 S CONWAY RD	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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)(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 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:

Beth Brunner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 25, 2000 407-281-7394
Date Daytime Phone #

CR2E034 (9/99)