

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0037425

**DOCUMENT # N00000003856**

1. Entity Name

**COALITION FOR IMPROVING MATERNITY SERVICES, INC.**

04-01-2002 90638 024 \*\*\*\*61.25

Principal Place of Business

Mailing Address

PO BOX 2346  
 PONTE VEDRA BEACH FL 32004

PO BOX 2346  
 PONTE VEDRA BEACH FL 32004

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

**59-3649578**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIES, RAE**  
**620-11 PONTE VEDRA BLVD**  
**PONTE VEDRA BEACH FL 32082**

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

*Rae Davies*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/20/02*

**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          | <b>D</b>                              | <input type="checkbox"/> Delete            |
| NAME           | <b>HOTELLING, BARBARA</b>             |  |
| STREET ADDRESS | <b>2112 BRETTON DRIVE</b>             |  |
| CITY-ST-ZIP    | <b>ROCHESTER MI 48309</b>             |  |
| TITLE          | <b>D</b>                              | <input type="checkbox"/> Delete            |
| NAME           | <b>TURNER, PATRICIA</b>               |  |
| STREET ADDRESS | <b>22 RICHARD STREET</b>              |  |
| CITY-ST-ZIP    | <b>GREENE ME 04236</b>                |  |
| TITLE          | <b>D</b>                              | <input type="checkbox"/> Delete            |
| NAME           | <b>WOOLLEY, DEBORAH</b>               |  |
| STREET ADDRESS | <b>1143 S CLINTON AVENUE</b>          |  |
| CITY-ST-ZIP    | <b>OAK PARK IL 60304</b>              |  |
| TITLE          | <b>D</b>                              | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>TRAVIS, JACK</b>                   |  |
| STREET ADDRESS | <b>2 WATTLE RISE, POBOX 387</b>       |  |
| CITY-ST-ZIP    | <b>VICTORIA, AUSTRALIA METUN- 390</b> |  |
| TITLE          | <b>D</b>                              | <input type="checkbox"/> Delete            |
| NAME           | <b>PORTER, JESSICA</b>                |  |
| STREET ADDRESS | <b>PO BOX 38274</b>                   |  |
| CITY-ST-ZIP    | <b>CAMBRIDGE MA 02238</b>             |  |
| TITLE          | <b>D</b>                              | <input type="checkbox"/> Delete            |
| NAME           | <b>SMITH, LINDA</b>                   |  |
| STREET ADDRESS | <b>6540 CEDARVIEW COURT</b>           |  |
| CITY-ST-ZIP    | <b>DAYTON OH 45459</b>                |  |

|                |                                |                                 |  |
|----------------|--------------------------------|---------------------------------|--|
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Debra Pascali-Bonaro</b>    |                                 |  |
| STREET ADDRESS | <b>584 Echo Glen Ave</b>       |                                 |  |
| CITY-ST-ZIP    | <b>River Vale, NJ 07675</b>    |                                 |  |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| NAME           | <b>Carol Davis</b>             |                                 |  |
| STREET ADDRESS | <b>71834 W. Greenfield Ave</b> |                                 |  |
| CITY-ST-ZIP    | <b>Milwaukee, WI 53214</b>     |                                 |  |
| 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    |                                |                                 |  |

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:

*Rae Davies*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/20/02*

Date

*984-285-1613*

Daytime Phone #

CR2E037 (9/01)