

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90061 021 \*\*\*\*61.25

**DOCUMENT # N00000003887**

1. Entity Name

**NATURE COAST EMERGENCY MEDICAL FOUNDATION, INC.**

Principal Place of Business

3380 E GULF TO LAEK HWY  
 INVERNESS FL 34453

Mailing Address

3380 E GULF TO LAEK HWY  
 INVERNESS FL 34453

2. Principal Place of Business

3380 E. Gulf to Lake Hwy

3. Mailing Address

3380 E. Gulf to Lake Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Inverness, FL

City & State  
 Inverness, FL

4. FEI Number  
 65-1021027

Applied For  
 Not Applicable

Zip  
 34453

Country  
 Citrus

Zip  
 34453

Country  
 Citrus

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

NEAL, JAMES A JR  
 452 PLEASANT GROVE ROAD  
 INVERNESS FL 34452

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

**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	D	<input type="checkbox"/> Delete
NAME	Griffiths, Lawrence	
STREET ADDRESS	2752 W SUNRISE STREET	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	Blasband, Charles A	
STREET ADDRESS	502 W. HIGHLAND BLVD.	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Mckenna, Don	
STREET ADDRESS	6201 N. SUNCOAST BLVD.	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Elizarde, Joseph	
STREET ADDRESS	401 N. APOPKA AVENUE	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	D	<input type="checkbox"/> Delete
NAME	Farley, Jim	
STREET ADDRESS	123 N.W. HIGHWAY 19	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	D	<input type="checkbox"/> Delete
NAME	Bennett, C. Joseph Jr	
STREET ADDRESS	605 W. HIGHLAND AVENUE	
CITY-ST-ZIP	INVERNESS FL 34450	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Commander Robert L. Blume, Jr.	
STREET ADDRESS	1 South Park Avenue	
CITY-ST-ZIP	Inverness, FL 34450	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Emery Hensley	
STREET ADDRESS	502 W. Highland Blvd.	
CITY-ST-ZIP	Inverness, FL 34450	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (title only)
NAME	Mckenna, Don	
STREET ADDRESS	6201 N. Suncoast Blvd.	
CITY-ST-ZIP	Crystal River, FL 34429	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (title only)
NAME	Elizarde, Joseph	
STREET ADDRESS	401 N. Apopka Ave	
CITY-ST-ZIP	Inverness, FL 34450	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (title only)
NAME	Griffiths, Lawrence	
STREET ADDRESS	2752 W Sunrise Street	
CITY-ST-ZIP	Lecanto, FL 34461	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (title only)
NAME	Bennett, C. Joseph Jr.	
STREET ADDRESS	605 W. Highland Avenue	
CITY-ST-ZIP	Inverness, FL 34450	

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:** *Richard [Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)