

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90469 015 \*\*\*\*61.25

**DOCUMENT # N00000007975**

1. Entity Name  
**THE FRIENDS OF VOLUNTEERS IN MEDICINE CLINIC, IN**

Principal Place of Business <b>417 BALBOA AVENUE STUART FL 34994</b>	Mailing Address <b>417 BALBOA AVENUE STUART FL 34994</b>
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0003508E



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-1064420</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>GLASS, DOROTHEA M.D. 417 BALBOA AVENUE STUART FL 34994</b>				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLASS, DOROTHEA M.D. 417 BALBOA AVENUE STUART FL 34994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GLASS, DOROTHEA, M.D. 417 BALBOA AVENUE STUART, FL. 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VOSS, HOWARD E M.D. 417 BALBOA AVENUE STUART FL 34994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VOSS, HOWARD E., M.D. 417 BALBOA AVENUE STUART, FL. 34994	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARTER, FRED M.D. 417 BALBOA AVENUE STUART FL 34994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLEAVER, CHARLES 417 BALBOA AVENUE STUART FL 34994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOZZO, BILL M.D. 417 BALBOA AVENUE STUART, FL. 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, PAT 417 BALBOA AVENUE STUART, FL. 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATERSON, BETTY 417 BALBOA AVENUE STUART, FL. 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

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: *[Signature]* **SIGNATURE REQUIRED** 3-14-01 561-223-5626  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)