

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19631

1. Entity Name

MONROE COUNTY PERINATAL NETWORK, INC.

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90098 043 ****61.25

Principal Place of Business

1200 KENNEDY DRIVE
KEY WEST FL 33040

Mailing Address

P.O. BOX 9107
KEY WEST FL 33041

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

NOT APPLICABLE

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

LANGE, GAZELLE
19551 INDIAN MOUND DR
STE 310
SUGARLOAF KEY FL 33042

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
After September 13, 2000 min. will be \$236.25

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 PD
NAME LANGE, GAZELLE
STREET ADDRESS 19551 INDIAN MOUND DR
CITY-ST-ZIP SUGAR LOAF KEY FL 33042 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME TORRENCE, STEVE
STREET ADDRESS 1215 PETRONIA STREET
CITY-ST-ZIP KEY WEST FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME SCHULTZ, SCOTT
STREET ADDRESS 2407 N. ROOSEVLET BLVD
CITY-ST-ZIP KEY WEST FL 33040 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME JOLLY, MIDGE
STREET ADDRESS 18933 MAD BOB RD
CITY-ST-ZIP SUMMERLAND KEY FL 33042 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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, and that the information on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made by the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that the information has not been changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Gazelle Lange, President
7/19/00
(305) 293-8424

CR2E037 (5/00)