

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90018 015 ****61.25

0039878

DOCUMENT # N32621

1. Entity Name

**HILLSBOROUGH COUNTY MEDICAL ASSOCIATION ALLIANCE
 FOUNDATION, INC.**

Principal Place of Business

Mailing Address

HCMA
 606 SOUTH BOULEVARD
 TAMPA FL 33606

HCMA
 606 SOUTH BOULEVARD
 TAMPA FL 33606

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

59-2951600

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

ORIAN, DEBBIE
66 SOUTH BOULEVARD
TAMPA FL 33606

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 ☒ Delete
 NAME **P LUBIN, MARY**
 STREET ADDRESS **3205 OAKMONT MASON CIR**
 CITY-ST-ZIP **TAMPA FL 33629-8181**

TITLE ☒ Change ☐ Addition
 NAME **FD POKLEPOVIC, Michel**
 STREET ADDRESS **511 Longfellow Ave.**
 CITY-ST-ZIP **Tampa, FL 33629**

TITLE ☒ Delete
 NAME **VD DOCOBO, CELIA**
 STREET ADDRESS **3411 WEST LOUISIANA**
 CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☒ Change ☐ Addition
 NAME **VD Jill Yarnoz**
 STREET ADDRESS **3401 1/2 S. Beach Dr.**
 CITY-ST-ZIP **Tampa, FL 33629**

TITLE ☒ Delete
 NAME **TD YARNOZ, JILL**
 STREET ADDRESS **3401 1/2 SOUTH BEACH DRIVE**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☒ Change ☐ Addition
 NAME **TD Youakim, Marina**
 STREET ADDRESS **10505 Lacera Dr.**
 CITY-ST-ZIP **Tampa, FL 33618**

TITLE ☒ Delete
 NAME **SD LEAL, MARIA**
 STREET ADDRESS **2402 SOUTH DUNDEE ST**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☒ Change ☐ Addition
 NAME **Docobo, Celia**
 STREET ADDRESS **10314 Carrol Cove Place**
 CITY-ST-ZIP **Tampa, FL 33612**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED - Marina Youakim 4/5/02 (813) 932-3894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)