

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0006027

DOCUMENT # N36206
1. Entity Name
AMERICAN TRAUMA SOCIETY, FLORIDA DIVISION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 27 PM 1:28

Principal Place of Business
**2862 O'HARA DR
TALLAHASSEE FL 32308
US**

Mailing Address
**P.O. BOX 1736
TALLAHASSEE FL 32302
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country

4. FEI Number **51-0172866**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPREHN, MARY T.
2862 O'HARA DRIVE
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *MARY T. SPREHN* *Mary T. Sprehn* **1/23/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEEK, TERRY 3244 ARBOR HILL WAY TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARNER, ROBERT L 35 SW 27TH AVE. MIAMI FL 33135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JAN TAMPA GENERAL HOSPITAL TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOGIL, BARRY 2190 SO. BELCHER RD. LARGO FL 34641	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPREHN, MARY T 2862 O'HARA DR. TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400010960864 01/27/03--01072--002 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: *Mary T. Sprehn* **MARY T. SPREHN** **1/23/03** **850-668-7219**

CR2E037 (10/02)

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Busrep1

January 23, 2003


Dear Kathy

Per our conversation, I am returning this amended business report. It apparently got in the system before the original report and was returned for lack of funding.

Since that time the original has been received by your office and processed.

Since this "Amended Report" is already paid for, will you go ahead and process it for me.

Sincerely


George Wright

President

Roseborough Travel Agency Inc

140 E. Indiana Ave.\

DeLand, FL 32724

386-743-7245