

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90025 012 ****61.25

DOCUMENT # N51412	
1. Entity Name ESCAMBIA COUNTY HEALTHY START COALITION, INC.	
Principal Place of Business 5625 DIXIE DR SUITE 3 PENSACOLA FL 32503 US	Mailing Address 5625 DIXIE DR SUITE 3 PENSACOLA FL 32503-2261 US
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country
4. FEI Number 59-3151838	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SECCHIARI, HEATHER M 5625 DIXIE DR SUITE 3 SUITE 25-B PENSACOLA FL 32503		7. Name and Address of New Registered Agent Name Dorothy J. Holley Street Address (P.O. Box Number is Not Acceptable) 5625 Dixie Drive, Suite 3 City Pensacola FL Zip Code 32503	
--	--	--	--

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: *Dorothy J. Holley* DATE: **3-9-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD GRAMMER, JOHN B MD 8333 N. DAVIS HWY PENSACOLA FL 32514	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED SECCHIARI, HEATHER M 5624 DIXIE DR SUITE 3 PENSACOLA FL 32503	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DARDEN, MELBA 5151 N 9TH AVE PENSACOLA FL 32503	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PORTER, JOHN T 1000 W MORENO ST PENSACOLA FL 32501	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAMMER, JOHN E MD 8333 N DAVIS HWY PENSACOLA FL 32514	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NISSEN, IDA 3300-N-PAGE BLVD #225 PENSACOLA FL 32505	<input type="checkbox"/> Delete	<input checked="" 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: *Dorothy J. Holley* **WIRED** DATE: **3-9-00** DAYTIME PHONE #: **850-474-5353**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)