# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 30, 2002 8:00 am**
**Secretary of State**
01-30-2002 90015 049 ****61.25

DOCUMENT # N93000000058

1. Entity Name

FLORIDA ASSOCIATION HEALTH OCCUPATION STUDENTS O F AMERICA, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| FLORIDA HOSA<br>16407 NW 174TH DR SE D<br>ALACHUA FL 32615 | PO BOX 2157<br>ALACHUA FL 32616-2157 |

DO NOT WRITE IN THIS SPACE

| 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 52-1227790 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

DEVAULT, WILLIAM LLOYD
16407 NW 174TH DRIVE STE D
ALACHUA FL 32615

**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.

SIGNATURE William Lloyd DeVault William Lloyd De Vault 1/15/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HAWK, CAROL<br>2001 KURT ST.<br>EUSTIS FL 32726 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P Chairperson, FL HOSA, Inc.<br>Ronda Mims<br>251 E. 47th Street<br>Hialeah, FL 33013 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WALLS, ROSE<br>445 WEST AMELIA ST.<br>ORLANDO FL 32801-1127 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D Immediate Past Chairperson<br>Dottie Yost<br>1710 E. Gibson St.<br>Arcadia, FL 33821-8722 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SHAHOBOZ, JEANETTE<br>DADE CO SCHOOL DISTRICT, 1450 NE 2ND AVE<br>MIAMI FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D Chairperson-Elect<br>Jane Holliday<br>Rt 10 Box 258<br>Lake City, FL 32025 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>FORTNER, BOBBI<br>1 RAIDER PLACE<br>PLANT CITY FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Change from "P" to "D" | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LOVETT, CARLA<br>555 W. MARTIN ST.<br>APOPKA FL 32712 | ☒ 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 |

CR2E037 (9/01)

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:** Jane E. Holliday REQUIRED Jane Holliday 1-11-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #