

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01992

1. Entity Name

ABC BIOMEDICAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

8158 PALM HARBOR WAY
ORLANDO FL 32822
US

8158 PALM HARBOR WAY
ORLANDO FL 32822-2044
US

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

WURTZ, MARILYN
8158 PALM HARBOR WAY
ORLANDO FL 32822

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 D ☐ Delete
NAME TORCMA, PETER J.
STREET ADDRESS 3615 CASTAWAY COURT
CITY-ST-ZIP CHAMBLEE GA 35431

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

TITLE PVC ☐ Delete
NAME LAVENDER, EDITH AMBROSE
STREET ADDRESS 224 SANDCASTLE WAY
CITY-ST-ZIP ST SIMON ISLE GA 31522

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

TITLE D ☐ Delete
NAME DUKES, DIANNE A
STREET ADDRESS 607 E. 54TH STREET
CITY-ST-ZIP SAVANNAH GA 31405

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

TITLE D ☐ Delete
NAME DUKES, JAMES O
STREET ADDRESS 607 E. 54TH STREET
CITY-ST-ZIP SAVANNAH GA 31405

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

Edith Ambrose Lavender
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 27, 2000, 912-638-6311
Date Daytime Phone #

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90077 042 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)