2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # 747189 1. Entity Name FLORIDA ASSOCIATION OF COUNTY EMERGENCY MEDICAL 01-30-2001 90105 032 ****61.50 Principal Place of Business Mailing Address 716 WOODHILL DR 716 WOODHILL DR LAKELAND FL 33813 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2747652 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CRAVEN, HARVEY 716 WOODHILL DR LAKELAND FL 33813 Zip Code FL 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) FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete ☐ Change TITLE TITLE ☐ Addition FLAGG, DIANE NAME NAME STREET ADDRESS 3301 E TAMIAMI TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL TD TITLE Delete TITLE TD XX Change Addition FRASLER, JAMES NAME NAME Freeman, David STREET ADDRESS 1600 RINGLING BLVD., 6TH FLOOR STREET ADDRESS 2016 Buckminster_Circle CITY-ST-7IP CITY-ST-ZIP SARASOTA FL Orlando, Florida 32803 SD TITLE Delete TITLE SD XX Change ☐ Addition NAME **BURGESS, THERESA** NAME Gorentz, Theresa STREET ADDRESS 490 63RD STREET, SUITE 140 STREET ADDRESS 3380 E. Gulf to Lake Highway CITY-ST-ZIP CITY-ST-ZIP MARATHON FL <u> Inverness, Florida 34453</u> ☐ Change ☐ Addition ☐ Delete TITLE CRAVEN, HARVEY STREET ADDRESS 716 WOODHILL DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete TITLE ☐ Change Addition JUDGE, JAMES NAME NAME STREET ADDRESS **1840 25TH STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 orthists 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:

TIGE REHarvey Craven, Vice President

01/19/2001

863-534-0370

Date Daytime Phone #