

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703895

1. Entity Name

AMERICAN LUNG ASSOCIATION OF FLORIDA, INCORPORAT

Principal Place of Business

5526 ARLINGTON ROAD
P.O. BOX 8127
JACKSONVILLE FL 32239

Mailing Address

5526 ARLINGTON ROAD
P.O. BOX 8127
JACKSONVILLE FL 32239

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

59-0662271

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KESSLER, SANDRA R.
5526 ARLINGTON RD.
JACKSONVILLE FL 32211

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

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

TITLE SD ☐ Delete
NAME MILA, PABLO
STREET ADDRESS 16425 COLLINS AVE, #415
CITY-ST-ZIP MIAMI FL 33160

TITLE PD ☒ Delete
NAME SERLO, LARRY
STREET ADDRESS 224 NE 32ND COUART
CITY-ST-ZIP OAKLAND PARK FL 33341

TITLE TD ☐ Delete
NAME SMITH, ROBERT J.
STREET ADDRESS 8261 SEVEN MILE DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE D ☐ Delete
NAME KESSLER, SANDRA R
STREET ADDRESS 5526 ARLINGTON ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD ☐ Delete
NAME CURRAN, JOHN MD
STREET ADDRESS 12901 BRUCE B. DOWNS BLVD.
CITY-ST-ZIP TAMPA FL 33612

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☒ Change ☐ Addition
NAME MILA, PABLO
STREET ADDRESS 16425 COLLINS AVE, #415
CITY-ST-ZIP MIAMI FL 33160

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

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

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

TITLE PD ☒ Change ☐ Addition
NAME CURRAN, JOHN MD
STREET ADDRESS 12901 BRUCE B. DOWNS BLVD.
CITY-ST-ZIP TAMPA FL 33612

TITLE SD ☐ Change ☒ Addition
NAME JEFF DUCKER
STREET ADDRESS 10780 SW 129TH COURT
CITY-ST-ZIP MIAMI FL 33186

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90106 049 *****61.25

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DO NOT WRITE IN THIS SPACE

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