

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711862

1. Entity Name

FLORIDA VOLUNTARY HEALTH ASSOCIATION, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90250 018 ****61.25

Principal Place of Business
3709 W JETTON AVE
TAMPA FL 33629
US

Mailing Address
ATTN DOROTHY GREEN
3709 W JETTON AVE
TAMPA FL 33629-5111
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

59-1269028

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

GREEN, DOROTHY
3709 W JETTON AVE
TAMPA FL 33629

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HOLMES, SARAH J
1211 N WESTSHORE BLVD 204
TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
3825 HENDERSON BLVD, Suite 206
Tampa FL 33629

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
GREEN, DOROTHY
3709 W. JETTON AVE.
TAMPA FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRIGGS, ROBERT
1010 EXECUTIVE CENTER DR
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
411 E. College Ave
Tallahassee, FL 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CARLTON, NANCY
1101 N. LAKE DESTINY ROAD #415
MAITLAND FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HADKELL, GATES
1040 WOODCOCK RD 119
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-00 - 813-253-0541 x410

CR2E037 (9/98)