

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712449

1. Entity Name

AMERICAN LUNG ASSOCIATION OF GULFCOAST FLORIDA, INC.

Principal Place of Business

Mailing Address

6170 CENTRAL AVE
ST. PETERSBURG FL 33707
USA

6170 CENTRAL AVE
ST. PETERSBURG FL 33707
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

59-1161671

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

CHANCELLOR, JOHN L JR
14500 BAY HILLS DR N
LARGO FL 34644

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
PED
THOMAS, CHARLES
209 MAYFAIR CIRCLE WEST
PALM HARBOR FL 34683

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SUGGS, SHELBY
7000 BEACH PLAZA #401
SAINT PETERSBURG FL 33703

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
SEIDLER, IRA M.
5420 CENTRAL AVE
ST PETERSBURG FL 33707

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HAINES, LYNN
P.O. BOX 1849
BRADENTON FL 34206

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHENEY, RICHARD C
548 ST. ANDREWS RD
WINTER HAVEN FL 33884

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
COHN; MARTIN A., MD
11181 HEALTH PARK BLVD. #3040
NAPLES, FL 34110
Change ☐ Addition ☒

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
NELSON, BETTY
5130 S.W. 2ND PLACE
CAPE CORAL FL 33914

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727/323-2001



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)