

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91381 019 ****70.00

DOCUMENT # 712449

1. Entity Name

AMERICAN LUNG ASSOCIATION OF GULFCOAST FLORIDA, INC.



Principal Place of Business

**6170 CENTRAL AVE
ST. PETERSBURG FL 33707
US**

Mailing Address

**6170 CENTRAL AVE
ST. PETERSBURG FL 33707
US**

2. Principal Place of Business

110 Carillon Parkway

3. Mailing Address

110 Carillon Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number **59-1161671**

Applied For

Not Applicable

Zip

33716

Country

USA

Zip

33716

Country

USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Shirley M. Westrate

Street Address (P.O. Box Number is Not Acceptable)

1644 Arabian Lane

City

Palm Harbor

FL

Zip Code

34685

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Shirley M. Westrate

Shirley M. Westrate, Interim Chief Exec. Officer

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **THOMAS, CHARLES**
STREET ADDRESS **209 MAYFAIR CIRCLE WEST**
CITY-ST-ZIP **PALM HARBOR FL 34683**

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

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

TITLE **D** ☐ Delete
NAME **HAINES, LYNN**
STREET ADDRESS **P.O. BOX 1849**
CITY-ST-ZIP **BRADENTON FL 34206**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Change ☒ Addition
NAME **STUMP, KAY**
STREET ADDRESS **6116 CYPRESS CIRCLE**
CITY-ST-ZIP **BRADENTON, FL 34202**

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

TITLE **PD** ☒ 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:

SHELBY A. SUGGS

Shelby A. Suggs 4/23/03 727/734-6574

CR2E037 (10/02)