2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State
02-02-2001 90295 048 ****70.00

DOCUMENT # 713060

1. Entity Name

FLORIDA ENVIRONMENTAL HEALTH ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13228 MORAN DR TAMPA FL 33618 US	P.O. BOX 271823 TAMPA FL 33688-1823

DO NOT WRITE IN THIS SPACE

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 59-6204888 ☐ 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
CARSEY, SELDON L 13228 MORAN DR TAMPA FL 33618	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 LUTHER, CHARLES E R.E.H.P 684 BLACK IRONWOOD DR DELAND FL 32724	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COSTA, ROY E., R.S., M.S. 2694 MAGNOLIA RD DELAND, FL 32720	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOLCOMB, DALE MPH 8417 OLDE POST ROAD TALLAHASSEE FL 32311	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE COSTA, ROY E R.S., 2694 MAGNOLIA RD DELAND FL 32720	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE KEARNEY, GREG, R.S., MPH 3172 OVERBROOK DR. PORT ST. LUCIE, FL 34952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP WASHAM, ROBERT B RSS 2425 NE GARDNER TERR JENSEN BEACH FL 34957	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP LUTHER, CHARLES. E, R.E.H.P. 684 BLACK IRONWOOD DR. DELAND, FL 32724	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LA FLUER, KAREN 2421 SW 6TH AVE FT LAUDERDALE FL 33315	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHNEIDER, GARRY RS 10211 POINTVIEW COURT ORLANDO FL 32836	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: Seldon L Carsey SELDON L CARSEY 1/03/01 (813) 962-0176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #