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

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90358 007 ****70.00

DOCUMENT # 713060

1. Entity Name

FLORIDA ENVIRONMENTAL HEALTH ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3953 CALLE DE SANTOS TALLAHASSEE FL 32311 US	3953 CALLE DE SANTOS TALLAHASSEE FL 32311 US

☐ CHECK HERE IF MAKING CHANGES

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

WILLIAMS, JENNIFER M RSMPH
3953 CALLE DE SANTOS
TALLAHASSEE FL 32311

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

SIGNATURE Jennifer M. Williams 4-17-03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KEARNEY, GREG RSMPH PO BOX 3284 STUART FL 34995	☒ Delete	President Paul Minshew 758 Foxhound Dr. Port Orange, FL 32128	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOLCOMB, DALE MPH 8417 OLDE POST ROAD TALLAHASSEE FL 32311	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE COSTA, ROY RSMS 2694 MAGNOLIA RD DELAND FL 32720	☒ Delete	Paul O'Byrne 12406 Kelly Place Thonotasassa, FL 33592	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEXTELL, PAUL RS PO BOX 953516 LAKE MARY FL 32795	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE MINSHOW, PAUL RS 758 FOXHOUND DR PORT ORANGE FL 32128	☒ Delete	Director Crystal Steele 3755 US Hwy 331 North DeFuniak Springs, FL 32433	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNIGHT, STEPHEN PO BOX 1064 LAKE CITY FL 62056	☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRED Dale Holcomb 4-17-03 850-245-4070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #