

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717506

1. Entity Name

FLORIDA PEDIATRIC ALUMNI ASSOCIATION, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90097 011 ****61.25

Principal Place of Business	Mailing Address
C/O OLIVIA ANN GROVES P. O. BOX 14161 GAINESVILLE FL 32604	C/O OLIVIA ANN GROVES P. O. BOX 14161 GAINESVILLE FL 32604-2161

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OLIVIA ANN GROVES 9118 S.W. 122ND STREET GAINESVILLE 32608	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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP D BARRETT, DOUGLAS J PO BOX 100296 GAINESVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP S GROVES, OLIVIA ANN 9118 S.W. 122ND STREET GAINESVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D WEEMS, DIANE Z MD 7 MODENA ISLAND DR SAVANNAH GA	TITLE NAME STREET ADDRESS CITY-ST-ZIP D Carolyn Carter, M.D. 1600 S.W. Archer Road Gainesville, FL 32610
TITLE NAME STREET ADDRESS CITY-ST-ZIP D BUNNELL, WALTER III 1543 OX BOTTOM ROAD TALLAHASSEE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP P KANTER, RONALD J. 140 SPRINGBERRY LN CHAPEL HILL NC	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V SEIBEL, MATTHEW MD 351 PRIMA VERA CV RD ALTAMONTE SPGRS FL 32714-5801	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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: Olivia Ann Groves 2-25-00 352-392-9315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)