

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717506

1. Entity Name

FLORIDA PEDIATRIC ALUMNI ASSOCIATION, INC.

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

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

NOT APPLICABLE

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

OLIVIA ANN GROVES
9118 S.W. 122ND STREET
GAINESVILLE FL 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.

☐

\$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 D
NAME BARRETT, DOUGLAS J
STREET ADDRESS PO BOX 100296
CITY-ST-ZIP GAINESVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 32610-0296

☒ Change

☐ Addition

TITLE S
NAME GROVES, OLIVIA ANN
STREET ADDRESS 9118 S.W. 122ND STREET
CITY-ST-ZIP GAINESVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 32608-5742

☒ Change

☐ Addition

TITLE P
NAME CARTER, CAROLYN M.D.
STREET ADDRESS 1600 SW ARCHER RD
CITY-ST-ZIP GAINESVILLE FL 32610

☒ Delete

TITLE D
NAME John J. Ross, M.D.
STREET ADDRESS P.O. Box 100296
CITY-ST-ZIP GAINESVILLE, FL 32610-0296

☐ Change

☒ Addition

TITLE D
NAME BUNNELL, WALTER III
STREET ADDRESS 1543 OX BOTTOM ROAD
CITY-ST-ZIP TALLAHASSEE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 32312-3527

☒ Change

☐ Addition

TITLE D
NAME PREZIOSI, MARK
STREET ADDRESS 2616 HOLLINGSWORTH HILL AVE
CITY-ST-ZIP LAKELAND FL 33803-3239

☐ Delete

TITLE P
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE V
NAME SEIBEL, MATTHEW MD
STREET ADDRESS 351 PRIMA VERA CV RD
CITY-ST-ZIP ALTAMONTE SPGRS FL 32714-5801

☒ Delete

TITLE D
NAME Desmond Schatz, M.D.
STREET ADDRESS P.O. Box 100296
CITY-ST-ZIP Gainesville, FL 32640-0296

☐ 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:

Olivia Ann Groves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-02

352-392-9315

Date

Daytime Phone #

CR2E037 (9/01)

0004/20



DO NOT WRITE IN THIS SPACE