

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

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90115 048 ****61.25

DOCUMENT # 717506

1. Entity Name

FLORIDA PEDIATRIC ALUMNI ASSOCIATION, INC.



Principal Place of Business

**C/O OLIVIA ANN GROVES
P. O. BOX 14161
GAINESVILLE FL 32604**

Mailing Address

**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

**OLIVIA ANN GROVES
9118 S.W. 122ND STREET
GAINESVILLE FL 32608**

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

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 **D** ☐ Delete
NAME **BARRETT, DOUGLAS J**
STREET ADDRESS **PO BOX 100296**
CITY-ST-ZIP **GAINESVILLE FL 32610-0296**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **GROVES, OLIVIA ANN**
STREET ADDRESS **9118 S.W. 122ND STREET**
CITY-ST-ZIP **GAINESVILLE FL 32610-0296**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ROSS, JOHN J MD**
STREET ADDRESS **P.O. BOX 100296**
CITY-ST-ZIP **GAINESVILLE FL 32610-0296**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BUNNELL, WALTER III**
STREET ADDRESS **1543 OX BOTTOM ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32312-3527**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **PREZIOSI, MARK**
STREET ADDRESS **2616 HOLLINGSWORTH HILL AVE**
CITY-ST-ZIP **LAKELAND FL 33803-3239**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SCHATZ, DESMOND MD**
STREET ADDRESS **P.O. BOX 100296**
CITY-ST-ZIP **GAINESVILLE FL 32610-0296**

TITLE ☐ 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: *Olivia Ann Groves*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-03 352-392-9315

CR2E037 (10/02)