

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724248

1. Entity Name

FLORIDA ACADEMY OF FAMILY PHYSICIANS, INC.

Principal Place of Business

Mailing Address

6720 ATLANTIC BLVD
JACKSONVILLE FL 32211
US

6720 ATLANTIC BLVD
JACKSONVILLE FL 32211-8730
US

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

59-6138054

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MOORES, MARTHA J
6720 ATLANTIC BLVD
JACKSONVILLE FL 32211

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 Martha J. Moores, CAE, Executive Vice President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Martha J. Moores 1/24/00

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 CD ☒ Delete
NAME BOLAND, JERRY M
STREET ADDRESS 2309 ARMISTEAD RD
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE CD ☒ Change ☐ Addition
NAME Hays, Richard, M.D.
STREET ADDRESS 5700 Lake Worth Rd., Ste. 103
CITY-ST-ZIP Lake Worth, Florida 33463

TITLE PD ☒ Delete
NAME HAYS, RICHARD M
STREET ADDRESS 5700 LAKE WORTH RD STE 103
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE PD ☒ Change ☐ Addition
NAME Littles, Alma, M.D.
STREET ADDRESS 1301 Hodges Drive
CITY-ST-ZIP Tallahassee, Florida 32308

TITLE VD ☒ Delete
NAME HARRIS, GEORGE M
STREET ADDRESS 5289 ENCLAVE DRIVE
CITY-ST-ZIP OLDSMAR FL 34677

TITLE VD ☒ Change ☐ Addition
NAME Cecilia Collins, M.D.
STREET ADDRESS 520 A1A North, Suite 101
CITY-ST-ZIP Ponte Vedra Beach, Florida 32082

TITLE PED ☒ Delete
NAME LITTLES, ALMA M
STREET ADDRESS 1301 HODGES DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE PED ☒ Change ☐ Addition
NAME Harris, George, M.D.
STREET ADDRESS 5289 Enclave Drive
CITY-ST-ZIP Oldsmar, Florida 34677-1962

TITLE M ☐ Delete
NAME MOORES, MARTHA J. CAE
STREET ADDRESS 6720 ATLANTIC BLVD
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE M ☐ Change ☐ Addition
NAME Moores, Martha J., CAE
STREET ADDRESS 6720 Atlantic Blvd.
CITY-ST-ZIP Jacksonville, FL 32211

TITLE CD ☒ Delete
NAME VAN DURME, DANIEL M
STREET ADDRESS 9212 DAYFLOWER DRIVE
CITY-ST-ZIP TAMPA FL 33647

TITLE TD ☐ Change ☒ Addition
NAME Saranko, John, M.D.
STREET ADDRESS 507 West Alexander Street
CITY-ST-ZIP Plant City, Florida 33566

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: Martha J. Moores, CAE Executive Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/2000