

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729990

1. Entity Name

PLANNED PARENTHOOD OF NORTH CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

914 N W 13TH STREET
GAINESVILLE FL 32601

914 N W 13TH STREET
GAINESVILLE FL 32601

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

23-7400545

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

HEAD-KNUDSON, LAURA
914 NW 13TH STREET
GAINESVILLE FL 32601

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/02

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

TITLE ☒ Delete
NAME CD
STREET ADDRESS HIGMAN, CAROL
CITY-ST-ZIP 914 NW 13TH STREET
GAINESVILLE FL

TITLE ☐ Delete
NAME SD
STREET ADDRESS LOVE, GWEN
CITY-ST-ZIP 914 NW 13TH STREET
GAINESVILLE FL

TITLE ☐ Delete
NAME TD
STREET ADDRESS BARNES, TOM
CITY-ST-ZIP 914 NW 13TH ST.
GAINESVILLE FL

TITLE ☒ Delete
NAME CED
STREET ADDRESS FORMISANO, ERICA
CITY-ST-ZIP 914 NW 13TH ST
GAINESVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME Sandra Russo
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☒ Change ☐ Addition
NAME Chair elect
STREET ADDRESS Chuck FLOYD
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED

Charles W. Floyd

352-378-1560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES W. FLOYD

Daytime Phone #

CR2E037 (9/01)

0009129

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90462 020 ****70.00



DO NOT WRITE IN THIS SPACE