

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

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90089 003 ****61.25

DOCUMENT # 734514

1. Entity Name
THE FLORIDA CHAPTER OF THE AMERICAN COLLEGE OF EMERGENCY PHYSICIANS, INC.



Principal Place of Business
**3717 SOUTH CONWAY RD.
ORLANDO FL 32812-7607**

Mailing Address
**3717 SOUTH CONWAY RD.
ORLANDO FL 32812-7607**

90019597



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7147400**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BRUNNER, BETH
3717 S. CONWAY RD.
ORLANDO FL 32812-7607**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PPD	COLGATE, WILLIAM W	2717 S CONWAY ROAD	ORLANDO FL 32812	<input type="checkbox"/>	<input type="checkbox"/>
ED	BRUNNER, BETH	3717 S. CONWAY RD.	ORLANDO FL 32812	<input type="checkbox"/>	<input type="checkbox"/>
S/TD	DISKIN, ARTHUR	3717 SOUTH CONWAY ROAD	ORLANDO FL 32812	<input type="checkbox"/>	<input type="checkbox"/>
PPD	EL SANADI, NABIL	3717 S CONWAY ROAD	ORLANDO FL 32812	<input type="checkbox"/>	<input type="checkbox"/>
PD	SEABERG, DAVID C	3717 S CONWAY ROAD	ORLANDO FL 32812	<input type="checkbox"/>	<input type="checkbox"/>
VPD	ZAPPA, MICHAEL Y	3718 S CONWAY ROAD	ORLANDO FL 32812	<input type="checkbox"/>	<input type="checkbox"/>

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: *Beth Brunner* SIGNATURE REQUIRED

1-20-03

CR2E037 (10/02)