

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736695

1. Entity Name

HIGHLANDS COUNTY EMERGENCY MEDICAL SUPPORT GROUP

Principal Place of Business

Mailing Address

4500 GEORGE BLVD.
P.O. BOX 1926
SEBRING FL 33872-5803

4500 GEORGE BLVD.
P.O. BOX 1926
SEBRING FL 33872-5803

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

59-1722231

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

SWAINE, J. MICHAEL
245 COMMERCE ST.
SEBRING FL 33870

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 PD
NAME WALKEN, DONALD
STREET ADDRESS 4500 GEORGE BLVD
CITY-ST-ZIP SEBRING FL ☒ Delete

TITLE PD
NAME Brian Glisson
STREET ADDRESS 4500 George Blvd
CITY-ST-ZIP Sebring, FL ☒ Change ☐ Addition

TITLE VPD
NAME GLISSON, BRIAN
STREET ADDRESS 4500 GEORGE BLVD
CITY-ST-ZIP SEBRING FL ☒ Delete

TITLE VPD
NAME David Reinagle
STREET ADDRESS 4500 George Blvd
CITY-ST-ZIP Sebring, FL ☒ Change ☐ Addition

TITLE SD
NAME JOHNSON, GROVER
STREET ADDRESS 4500 GEORGE BLVD
CITY-ST-ZIP SEBRING FL ☒ Delete

TITLE SD
NAME Robert Scranton
STREET ADDRESS 4500 George Blvd.
CITY-ST-ZIP Sebring, FL ☒ Change ☐ Addition

TITLE TD
NAME JASKOT, CAROLE
STREET ADDRESS 4500 GEORGE BLVD
CITY-ST-ZIP SEBRING FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Signature Required
CAROLE JASKOT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

863-699-5702

Date

Daytime Phone #

CR2E037 (9/99)