

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**  
 01-30-2001 90185 014 \*\*\*\*61.25

**DOCUMENT # 737601**

1. Entity Name

**GULF COAST PATHOLOGY SOCIETY, INC.**

Principal Place of Business

Mailing Address

% CHARLES F. MCCONNELL  
 5151 NORTH 9TH AVE  
 PENSACOLA FL 32504

% CHARLES F. MCCONNELL  
 5151 NORTH 9TH AVE  
 PENSACOLA FL 32504

2. Principal Place of Business

% CHARLES E. FARMER  
 Suite, Apt. #, etc.  
 5151 N. 9TH AVE.

3. Mailing Address

% CHARLES E. FARMER  
 Suite, Apt. #, etc.  
 5151 N. 9TH AVE.

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

Zip

32504

Country

USA

Zip

32504

Country

USA

4. FEI Number

59-1810089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MCCONNELL, CHARLES F.  
 5151 NORTH 9TH AVE  
 PENSACOLA FL 32504

7. Name and Address of New Registered Agent

Name CHARLES E. FARMER

Street Address (P.O. Box Number is Not Acceptable)  
 5151 N. 9TH AVENUE

City

PENSACOLA

FL

Zip Code

32504

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

TITLE D ☐ Delete  
 NAME BELL, WILLIAM R.  
 STREET ADDRESS 5151 N. 9TH AVE.  
 CITY-ST-ZIP PENSACOLA FL

TITLE SD ☒ Delete  
 NAME MCCONNELL, CHARLES  
 STREET ADDRESS 5151 N. 9TH AVE.  
 CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ Delete  
 NAME FARMER, CHARLES MD  
 STREET ADDRESS 5151 N. 9TH AVE  
 CITY-ST-ZIP PENSACOLA FL

TITLE MD ☒ Delete  
 NAME HARVARD, E STEVEN  
 STREET ADDRESS 5151 N NINTH AVE  
 CITY-ST-ZIP PENSACOLA 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 LAZARCHICK, JOHN J.  
 STREET ADDRESS 5151 N. 9TH AVE.  
 CITY-ST-ZIP PENSACOLA, FL 32504

TITLE ☐ Change ☒ Addition  
 NAME CUMBERLAND, GARY D.  
 STREET ADDRESS 5151 N. 9TH AVE.  
 CITY-ST-ZIP PENSACOLA, FL 32504

TITLE ☐ Change ☐ Addition  
 NAME  
 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  
 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/01

(850) 416-6894

CR2E037 (10/00)