

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

FILED
Sep 02, 2003 8:00 am
Secretary of State

02-03-2003 90286 047 *****61.25

DOCUMENT # 737601

1. Entity Name

GULF COAST PATHOLOGY SOCIETY, INC.



Principal Place of Business

% CHARLES E FARMER
5151 NORTH 9TH AVE
PENSACOLA FL 32504

Mailing Address

% CHARLES E FARMER
P O BOX 10450
PENSACOLA FL 32524

33033461



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1810089**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FARMER, CHARLES E
5151 NORTH 9TH AVE
PENSACOLA FL 32504

7. Name and Address of New Registered Agent

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
After September 10, 2003, min will be \$236.25

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

TITLE **D** ☒ Delete
NAME **BELL, WILLIAM R.**
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 **D** ☒ Delete
NAME **LAZARCHICK, JOHN J**
STREET ADDRESS **5151 N 9TH AVE**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE **D** ☐ Delete
NAME **CUMBERLAND, GARY D**
STREET ADDRESS **5151 N 9TH AVE**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☒ Addition
NAME **Judy D. Frost**
STREET ADDRESS **5151 N. 9th Ave**
CITY-ST-ZIP **Pensacola, FL 32504**

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

8/28/03

416-7250

Date Daytime Phone #

CR2E037 (4/03)