

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

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90194 012 *****61.25

DOCUMENT # 747189

1. Entity Name

**FLORIDA ASSOCIATION OF COUNTY EMERGENCY MEDICAL
SERVICE, INCORPORATED**



Principal Place of Business

**716 WOODHILL DR
LAKELAND FL 33813
US**

Mailing Address

**716 WOODHILL DR
LAKELAND FL 33813
US**

2. Principal Place of Business

3717 South Conway Rd.

Suite, Apt. #, etc.

3. Mailing Address

3717 South Conway Road

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip
32812

Country
USA

Zip
32812

Country
USA

4. FEI Number **59-2747652**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CRAVEN, HARVEY
716 WOODHILL DR
LAKELAND FL 33813**

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

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 **PD** ☒ Delete
NAME **FLAGG, DIANE**
STREET ADDRESS **3301 E TAMiami TRAIL**
CITY-ST-ZIP **NAPLES FL**

TITLE **TD** ☐ Delete
NAME **FREEMAN, DAVID**
STREET ADDRESS **2016 BUCKMINSTER CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **SD** ☒ Delete
NAME **GORENTZ, THERESA**
STREET ADDRESS **3380 E GULF TO LAKE HIGHWAY**
CITY-ST-ZIP **INVERNESS FL 34453**

TITLE **VD** ☐ Delete
NAME **CRAVEN, HARVEY**
STREET ADDRESS **716 WOODHILL DRIVE**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **D** ☐ Delete
NAME **JUDGE, JAMES**
STREET ADDRESS **1840 25TH STREET**
CITY-ST-ZIP **VERO BEACH FL**

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 **VD** ☒ Change ☐ Addition
NAME **Freeman, David**
STREET ADDRESS **2016 Buckminster Circle**
CITY-ST-ZIP **Orlando, Florida 32803**

TITLE **SD** ☐ Change ☒ Addition
NAME **Robert Bailey**
STREET ADDRESS **1300 Miccosukee Road**
CITY-ST-ZIP **Tallahassee, Florida 32308**

TITLE **PD** ☒ Change ☐ Addition
NAME **Craven, Harvey**
STREET ADDRESS **716 Woodhill Drive**
CITY-ST-ZIP **Lakeland, Florida 33813**

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

TITLE **TD** ☐ Change ☒ Addition
NAME **Charles Tannachion**
STREET ADDRESS **P.O. Drawer 1529**
CITY-ST-ZIP **Lake City, Florida 32056**

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

Harvey Craven, President

4-3-2003

863.519.7409

CR2E037 (10/02)