

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747916

1. Entity Name

SOUTHERN ASSOCIATION OF ALLIED HEALTH DEANS AT A

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90016 040 ****61.25

Principal Place of Business

Cecil B. Drain, Ph.D.

Dean, School of Allied Health Professions

Virginia Commonwealth University

Box 980233

Richmond, VA 23298-0233

Mailing Address

Cecil B. Drain, Ph.D.

Dean, School of Allied Health Professions

Virginia Commonwealth University

Box 980233

Richmond, VA 23298-0233

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

59-1922000

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

GUTEKUNST, RICHARD R PH D
3705 NW 25TH AVE
GAINESVILLE FL 32605

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
NAME
C JOINER, CHARLES ☐ Delete
STREET ADDRESS
UNIV. OF ALABAMA @ BIRMINGHAM
CITY-ST-ZIP
BIRMINGHAM AL 35294-3361

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

TITLE
NAME
D HOLCOMB, DAVID J ☐ Delete
STREET ADDRESS
BAYLOR COLLEGE OF MEDICINE
CITY-ST-ZIP
HOUSTON TX 77030

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

TITLE
NAME
Robert G. Frank, Ph.D. ☐ Delete
STREET ADDRESS
University of Florida
CITY-ST-ZIP
Gainesville, FL 32610-0185

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

TITLE
NAME
S BISHOP, WILSIE S. DRP ☐ Delete
STREET ADDRESS
EAST TENNESSEE STATE UNIV.
CITY-ST-ZIP
JOHNSON CITY TN

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

TITLE
NAME
T YODER, DAVID PH.D. ☒ Delete
STREET ADDRESS
UNIV. OF NC AT CHAPEL HL
CITY-ST-ZIP
CHAPEL HILL, NC.

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

TITLE
NAME
D DRAIN, CECIL ☐ Delete
STREET ADDRESS
VIRGINIA COMMONWEALTH UNIV.
CITY-ST-ZIP
RICHMOND VA 23298-0233

TITLE
NAME
☐ Change ☐ Addition
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 #

17 Feb 2000 (2002) P28-7247

CR2E037 (9/99)