

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747916

1. Entity Name

SOUTHERN ASSOCIATION OF ALLIED HEALTH DEANS AT A

Principal Place of Business

Cecil B. Drain, Ph.D.
Professor and Dean
School of Allied Health Professions
Box 980233
Richmond, VA 23298-0233

Mailing Address

Cecil B. Drain, Ph.D.
Professor and Dean
School of Allied Health Professions
Box 980233
Richmond, VA 23298-0233

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1922000

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

TITLE	C	<input type="checkbox"/> Delete
NAME	JOINER, CHARLES	
STREET ADDRESS	UNIV. OF ALABAMA @ BIRMINGHAM	
CITY-ST-ZIP	BIRMINGHAM AL 35294-3361	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLCOMB, DAVID J	
STREET ADDRESS	BAYLOR COLLEGE OF MEDICINE	
CITY-ST-ZIP	HOUSTON-TX 77030	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRANK, ROBERT G PHD	
STREET ADDRESS	UNIVERSITY OF FLORIDA	
CITY-ST-ZIP	GAINESVILLE FL 32610	
TITLE	S	<input type="checkbox"/> Delete
NAME	BISHOP, WILSIE S. DRP	
STREET ADDRESS	EAST TENNESSEE STATE UNIV.	
CITY-ST-ZIP	JOHNSON CITY TN	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRAIN, CECIL	
STREET ADDRESS	VIRGINIA COMMONWEALTH UNIV.	
CITY-ST-ZIP	RICHMOND VA 23298-0233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Cecil B. Drain

20 Feb 2001

804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

828-7244

FILED
Mar 01, 2001 8:00 am
Secretary of State

02-01-2001 90172 019 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)