

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748891

1. Entity Name

FLORIDA PUBLIC HEALTH ASSOCIATION, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90077 002 ****61.25

Principal Place of Business

2589 PARK ST.
JACKSONVILLE FL 32204-4554

Mailing Address

2589 PARK ST.
JACKSONVILLE FL 32204-4554

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2200250**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARVEY, ROBERT J
2589 PARK ST.
JACKSONVILLE FL 32204

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.

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 ☐ Delete
NAME **DP**
STREET ADDRESS **REID, MICHAEL PHD**
CITY-ST-ZIP **13201 BRUCE B DOWNS BLVD. MDC-56**
TAMPA FL

TITLE ☐ Delete
NAME **DPE**
STREET ADDRESS **SOENSON, BONNIE**
CITY-ST-ZIP **420 FENTRESS BLVD**
DAYTONA BEACH FL

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **RICHMOND, GREG**
CITY-ST-ZIP **604 COURTLAND ST #200**
ORLANDO FL

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **RICHARDSON, BARBARA PHD RN**
CITY-ST-ZIP **P.O. BOX 2157**
ALACHUA FL

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HARVEY, ROBERT J**
CITY-ST-ZIP **2589 PARK ST.**
JACKSONVILLE FL 32204

TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **CHAPMAN, NICK**
CITY-ST-ZIP **P.O. BOX 578**
GREEN COVE SPRINGS FL

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
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/01 904 387-5992

CR2E037 (10/00)