

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748891

1. Entity Name

FLORIDA PUBLIC HEALTH ASSOCIATION, INC.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

HARVEY, ROBERT J
2589 PARK ST.
JACKSONVILLE FL 32204

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SORENSEN, BONITA J., M.D. ☒ Change ☐ Addition
4052 BALD CYPRESS WAY
TALLAHASSEE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPE
RICHMOND, GREG ☒ Change ☐ Addition
832 WEST CENTRAL BLVD.
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
JUDY PERKIN, DrPH ☐ Change ☒ Addition
4567 ST. JOHNS BLUFF ROAD S
JACKSONVILLE FL

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

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

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

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

3/18/02 904 387-5992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)

0002849

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90169 002 ****61.25



DO NOT WRITE IN THIS SPACE