

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 04, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 767364**

1. Entity Name  
COUNCIL ON RURAL EMERGENCY MEDICAL SERVICES, INC.

Principal Place of Business  
18 NW 33RD CT  
GAINESVILLE FL 32607

Mailing Address  
18 NW 33RD CT  
GAINESVILLE FL 32607

2. Principal Place of Business  
18 NW 33RD CT

3. Mailing Address  
18 NW 33RD CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
GAINESVILLE FL

City & State  
GAINESVILLE FL

4. FEI Number  
**59-2428204**

Zip Country  
32607 US

Zip Country  
32607 US

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

ORSINI EDITH M  
18 NW 33RD CT  
GAINESVILLE FL 32607 US

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 **EDITH M. ORSINI**

**04/04/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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 DS ☐ Delete  
NAME HOWARD JIM  
STREET ADDRESS 1600 SHEALY DR  
CITY-ST-ZIP GAINESVILLE FL

TITLE SD ☒ Change ☐ Addition  
NAME HOWARD JIM  
STREET ADDRESS 1600 SHEALY DR / PO BOX 100335  
CITY-ST-ZIP GAINESVILLE FL 32610

TITLE DT ☐ Delete  
NAME CHAPMAN CLIFF  
STREET ADDRESS 309 NE 39 AVE  
CITY-ST-ZIP GAINESVILLE FL

TITLE TD ☒ Change ☐ Addition  
NAME CHAPMAN CLIFF  
STREET ADDRESS 309 NE 39 AVE / PO BOX 548  
CITY-ST-ZIP GAINESVILLE FL 32602-054

TITLE DV ☐ Delete  
NAME LAYTON WILLIAM  
STREET ADDRESS 507 SE 1 AVE  
CITY-ST-ZIP OCALA FL

TITLE VD ☒ Change ☐ Addition  
NAME LAYTON WILLIAM  
STREET ADDRESS 507 SE 1 AVE/PO BOX 6000  
CITY-ST-ZIP OCALA FL 34478

TITLE DP ☐ Delete  
NAME GREEN NELSON  
STREET ADDRESS 945C NORTH TEMPLE AVE  
CITY-ST-ZIP STARKE FL

TITLE PD ☒ Change ☐ Addition  
NAME GREEN NELSON  
STREET ADDRESS 945C NORTH TEMPLE AVE  
CITY-ST-ZIP STARKE FL 32091

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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)(f), 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: **GREEN, NELSON**

PD

04/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)