

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90054 021 ***150.00

DOCUMENT # F94000002631

1. Entity Name

FLYING PHYSICIANS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 677427
ORLANDO FL 32867

Mailing Address

P.O. BOX 677427
ORLANDO FL 32867

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 36-2582605

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

NODECKER, PATRICIA A
2996 PICKETT DOWNS FRIVE
CHULUOTA FL 32766

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	ZIMMERMAN, WILLIAM G	415 COLLEGE, N.E.	GRAND RAPIDS MI 49503	<input type="checkbox"/>
P	OTOSKI, RICHARD	2302 CLAIRMONT DR.	KLAMATH FALLS OR 97601	<input type="checkbox"/>
S	SCHRECKENGAUST, ROBERT	743 JEFFERSON AVE.	SCRANTON PA 18501	<input type="checkbox"/>
T	CAMPBELL, DALE K	4003 EMHOUSE	CORSICANA TX 75110	<input type="checkbox"/>
D	NODECKER, PATRICIA A	2996 PICKETT DOWNS DRIVE	CHULUOTA FL	<input type="checkbox"/>
D	COOPER, DANIEL	10 PARKWAY DR.	ENGLEWOOD CO 80110	<input type="checkbox"/>

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)