

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90112 001 ***550.00

0107669 AT

DOCUMENT # G31269

1. Entity Name
HALIFAX EMERGENCY PHYSICIANS MEEK & ASSOCIATES,

(Handwritten: L)

Principal Place of Business
303 N CLYDE MORRIS BLVD P O BOX 11107
DAYTONA BCH FL 32114-2709

Mailing Address
P O BOX 11107
DAYTONA BEACH FL 32120
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2271175**

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

MEEK, WILLIAM H.
303 N CLYDE MORRIS BLVD
DAYTONA BCH. FL 32015

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	DS & 2ND VP	<input type="checkbox"/> Delete
NAME	MACMAHON, KEVIN	
STREET ADDRESS	303 N CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA FL 32115-32114	
TITLE	DP & TREASURER & PRESIDENT	<input type="checkbox"/> Delete
NAME	MEEK, WILLIAM H	
STREET ADDRESS	303 N CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BCH. FL 32114	
TITLE	1ST VP	<input type="checkbox"/> Delete
NAME	JAMES HENSON	
STREET ADDRESS	303 N CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BCH FL 32114	
TITLE	3RD VP	<input type="checkbox"/> Delete
NAME	DAVID STIBAINS	
STREET ADDRESS	303 N CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BCH FL 32114	
TITLE	4TH VP	<input type="checkbox"/> Delete
NAME	ROBERT MATHIS	
STREET ADDRESS	303 N CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BCH FL 32114	
TITLE	5TH VP	<input type="checkbox"/> Delete
NAME	OMAR ADAMS	
STREET ADDRESS	303 N CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BCH FL 32114	

TITLE	6TH VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN PRAIRIE	
STREET ADDRESS	303 N CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA FL 32114	
TITLE	7TH VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRBY HAWS	
STREET ADDRESS	303 N CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BCH FL 32114	
TITLE	8TH VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD MOHAMMED	
STREET ADDRESS	303 N CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BCH FL 32114	
TITLE	ASST SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. STEVEN BOHANNON	
STREET ADDRESS	303 N CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BCH FL 32114	
TITLE	ASST TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY MORRISON	
STREET ADDRESS	303 N CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BCH FL 32114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

(Handwritten Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)