

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90190 036 \*\*\*\*61.25

**DOCUMENT # N00000003887**

1. Entity Name

**NATURE COAST EMERGENCY MEDICAL FOUNDATION, INC.**

Principal Place of Business

**3600 W. SOVEREIGN PATH. SUITE 267  
LECANTO FL 34461**

Mailing Address

**3600 W. SOVEREIGN PATH. SUITE 267  
LECANTO FL 34461**

2. Principal Place of Business

**3380 E Gulf to Lake Hwy  
Suite, Apt. #, etc.**

3. Mailing Address

**3380 E Gulf to Lake Hwy  
Suite, Apt. #, etc.**

City & State

**Inverness, FL**

City & State

**Inverness, FL**

4. FEI Number

**65-1021027**

Applied For

☐ Not Applicable

Zip

**34453**

Country

**Citrus**

Zip

**34453**

Country

**Citrus**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WESCH, RICHARD WM.  
3600 W. SOVEREIGN PATH, SUITE 267  
LECANTO FL 34461**

7. Name and Address of New Registered Agent

Name

**James A. Neal, Jr.**

Street Address (P.O. Box Number is Not Acceptable)

**452 Pleasant Grove Road**

City

**Inverness**

**FL**

Zip Code

**34452**

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.

**James A. Neal Jr Esq.**

(NOTE: Registered Agent signature required when reissuing)

**3/8/01**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	DAWSY, JEFF	
STREET ADDRESS	1 SOUTH PARK AVENUE	
CITY-ST-ZIP	INVERNESS FL 34450-4994	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLASBAND, CHARLES A	
STREET ADDRESS	502 W. HIGHLAND BLVD.	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCKENNA, DON	
STREET ADDRESS	6201 N. SUNCOAST BLVD.	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ELIZARDE, JOSEPH	
STREET ADDRESS	401 N. APOPKA AVENUE	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARLEY, JIM	
STREET ADDRESS	123 N.W. HIGHWAY 19	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, C. JOSEPH JR	
STREET ADDRESS	605 W. HIGHLAND AVENUE	
CITY-ST-ZIP	INVERNESS FL 34450	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Griffiths, Lawrence	
STREET ADDRESS	2752 W Sunrise St	
CITY-ST-ZIP	Lecanto, FL 34461	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruben, Bradley H.	
STREET ADDRESS	2504 W Highway 44	
CITY-ST-ZIP	Inverness, FL 34453	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zuschlag, Holly	
STREET ADDRESS	898 Pritchard Island Rd	
CITY-ST-ZIP	Inverness, FL 34450	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Commander Robert L. Blume, Jr.	
STREET ADDRESS	1 South Park Avenue	
CITY-ST-ZIP	Inverness, FL 34450	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: ROBERT L. BLUME, JR.** 3-10-01 (352) 726 4488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

Date

Daytime Phone #

CR2E037 (10/00)