

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 25, 2002 8:00 am  
Secretary of State

02-25-2002 90061 021 \*\*\*\*61.25

DOCUMENT # N00000003887

1. Entity Name

NATURE COAST EMERGENCY MEDICAL FOUNDATION, INC.

Principal Place of Business

3380 E GULF TO LAKE HWY  
INVERNESS FL 34453

Mailing Address

3380 E GULF TO LAKE HWY  
INVERNESS FL 34453

2. Principal Place of Business

3380 E. Gulf to Lake Hwy

3. Mailing Address

3380 E. Gulf to Lake Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

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

NEAL, JAMES A JR  
452 PLEASANT GROVE ROAD  
INVERNESS FL 34452

7. Name and Address of New Registered Agent

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 D  
NAME GRIFFITHS, LAWRENCE  
STREET ADDRESS 2752 W SUNRISE STREET  
CITY-ST-ZIP LECANTO FL 34461 ☐ Delete

TITLE VD  
NAME BLASBAND, CHARLES A  
STREET ADDRESS 502 W. HIGHLAND BLVD.  
CITY-ST-ZIP INVERNESS FL 34450 ☒ Delete

TITLE SD  
NAME MCKENNA, DON  
STREET ADDRESS 6201 N. SUNCOAST BLVD.  
CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☐ Delete

TITLE TD  
NAME ELIZARDE, JOSEPH  
STREET ADDRESS 401 N. APOPKA AVENUE  
CITY-ST-ZIP INVERNESS FL 34450 ☐ Delete

TITLE D  
NAME FARLEY, JIM  
STREET ADDRESS 123 N.W. HIGHWAY 19  
CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☐ Delete

TITLE D  
NAME BENNETT, C. JOSEPH JR  
STREET ADDRESS 605 W. HIGHLAND AVENUE  
CITY-ST-ZIP INVERNESS FL 34450 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME Commander Robert L. Blume, Jr.  
STREET ADDRESS 1 South Park Avenue  
CITY-ST-ZIP Inverness, FL 34450 ☐ Change ☒ Addition

TITLE VD  
NAME Emery Hensley  
STREET ADDRESS 502 W. Highland Blvd.  
CITY-ST-ZIP Inverness, FL 34450 ☐ Change ☒ Addition

TITLE D  
NAME McKenna, Don  
STREET ADDRESS 6201 N. Suncoast Blvd.  
CITY-ST-ZIP Crystal River, FL 34429 ☒ Change ☐ Addition (title only)

TITLE D  
NAME Elizarde, Joseph  
STREET ADDRESS 401 N. Apopka Ave  
CITY-ST-ZIP Inverness, FL 34450 ☒ Change ☐ Addition (title only)

TITLE SD  
NAME Griffiths, Lawrence  
STREET ADDRESS 2752 W Sunrise Street  
CITY-ST-ZIP Lecanto, FL 34461 ☒ Change ☐ Addition (title only)

TITLE TD  
NAME Bennett, C. Joseph Jr.  
STREET ADDRESS 605 W. Highland Avenue  
CITY-ST-ZIP Inverness, FL 34450 ☒ Change ☐ Addition (title only)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)