

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90224 030 \*\*\*\*61.25

**DOCUMENT # N00000007078**



1. Entity Name  
**CENTRAL FLORIDA OSTEOPATHIC FOUNDATION, INC.**

Principal Place of Business  
**1245 COURT STREET  
SUITE 102  
CLEARWATER FL 33756**

Mailing Address  
**1245 COURT STREET  
SUITE 102  
CLEARWATER FL 33756**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3677500**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GASSMAN, ALAN S ESQ.  
1245 COURT STREET  
SUITE 102  
CLEARWATER FL 33756**

**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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GASSMAN, ALAN S</b>	
STREET ADDRESS	<b>1245 COURT STREET SUITE 102</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33756</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BORNSTEIN, GERALD</b>	
STREET ADDRESS	<b>3009 ALOMA AVE</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, KEITH</b>	
STREET ADDRESS	<b>7824 LAKE UNDERHILL STE A</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32822</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RALEY, JANE-MARIE</b>	
STREET ADDRESS	<b>10055 UNIVERSITY BLVD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32817</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRATSCH, WILLIAM R</b>	
STREET ADDRESS	<b>1294 REGENCY PLACE</b>	
CITY-ST-ZIP	<b>HEATHROW FL 32746</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRILEN, ROBERT</b>	
STREET ADDRESS	<b>2828 CASA ALOMA WAY STE 200</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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: WILLIAM R GRATSCH **WILLIAM R GRATSCH** 2-10-03 407-667-4708

C:\B2F037 (10/02)