

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90042 044 ****70.00

DOCUMENT # N00815

1. Entity Name

ANESTHESIOLOGY ALUMNI ASSOCIATION OF FLORIDA, IN C.

Principal Place of Business

Mailing Address

C/O REBECCA LOVELY
P.O. BOX 13417
GAINESVILLE FL 32604
US

C/O REBECCA LOVELY
P.O. BOX 13417
GAINESVILLE FL 32604
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2406671

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

LOVELY, REBECCA Y
203 HARVARD RD
ARCHER FL 32618

Name

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

1211 NE 109 Place

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **WELCH, REBECCA**
STREET ADDRESS **2101 FOREST CLUB DRIVE**
CITY-ST-ZIP **ORLANDO FL 32804-6507**

TITLE **A** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GRAVENSTEIN, NIKOLAUS**
STREET ADDRESS **7221 NW 18 AVENUE**
CITY-ST-ZIP **GAINESVILLE FL 32605-3132**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FABEROWSKI, LISA**
STREET ADDRESS **514 LOWELL AVENUE**
CITY-ST-ZIP **NEWTON MA 02460**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BERMAN, LAWRENCE**
STREET ADDRESS **11 NW 88 TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32607-1454**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DESOTO, HERNANDO**
STREET ADDRESS **8413 PAPELON WAY**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

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

Date

Daytime Phone #

Nikolaus Gravenstein, MD **04.04.02 (352) 265-3446**

CR2E037 (9/01)