

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

FILED
Jun 18, 2003 8:00 am
Secretary of State

06-18-2003 90023 007 ****61.25

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DOCUMENT # NO1000000373

1. Entity Name

FLORIDA HEALTH AND HUMAN SERVICES BOARD, INC.



Principal Place of Business

**17920 BURNSIDE ROAD
LUTZ FL 33549**

Mailing Address

**17920 BURNSIDE ROAD
LUTZ FL 33549**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

17920 Burnside Drive

Suite, Apt. #, etc.

17920 Burnside Drive

City & State

LUTZ FL

City & State

LUTZ FL

Zip

33548

Country

Zip

33548

Country

4. FEI Number **59-3697203**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WOLFE, ALVIN W PH D
17920 BURNSIDE ROAD
LUTZ FL 33549**

7. Name and Address of New Registered Agent

Name *slight address change only*

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

17920 Burnside Drive

City

FL

Zip Code

33548

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 **D** ☐ Delete
NAME **WOLFE, ALVIN W PH D**
STREET ADDRESS **17920 BURNSIDE ROAD**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** ☐ Delete
NAME **BUBY, DAVID OD**
STREET ADDRESS **12291 70TH STREET NORTH**
CITY-ST-ZIP **LARGO FL 33773-3027**

TITLE **D** ☐ Delete
NAME **MIRANTI, JOE**
STREET ADDRESS **3615 TREE LINE WAY**
CITY-ST-ZIP **SAINT CLOUD FL 34769**

TITLE **D** ☐ Delete
NAME **DUNSTON, PAMELA**
STREET ADDRESS **220 SUNRISE AVE STE 207**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **D** ☐ Delete
NAME **MISCHIA, MARIETTA**
STREET ADDRESS **10355 NW 32ND PLACE**
CITY-ST-ZIP **MIAMI FL 33147**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **33548**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Alvin Wolfe **ALVIN W Wolfe** 6/13/2003 813 949 4673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)