


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

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

08-13-2003 90073 033 \*\*\*\*61.25

**DOCUMENT #** N01000005310 ✓

1. Entity Name  
**FLORIDA ORTHOPAEDIC POLITICAL ACTION COMMITTEE, INC.**



Principal Place of Business  
1118 S. ORANGE AVE., #204  
ORLANDO FL 32806

Mailing Address  
1118 S. ORANGE AVE., #204  
ORLANDO FL 32806

2. Principal Place of Business  
1001 Samy Drive  
Suite, Apt. #, etc.

3. Mailing Address  
1001 Samy Drive  
Suite, Apt. #, etc.

City & State  
Tampa, Florida

City & State  
Tampa, Florida

Zip  
33613

Country  
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3744874**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**WEATHERFORD, WILLIAM P JR**  
1031 W. MORSE BLVD., STE. 105  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name **Cobbe, Fraser**

Street Address (P.O. Box Number is Not Acceptable)  
1001 Samy Drive

City **Tampa** FL Zip Code **33613**

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: *Fraser Cobbe* **Fraser Cobbe - Treasurer**

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**  
**After September 10, 2003, min will be \$236.25**

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 NAME	D	COLE, J. DEAN	<input type="checkbox"/> Delete
STREET ADDRESS		1118 S. ORANGE AVE., #204	
CITY-ST-ZIP		ORLANDO FL 32806	
TITLE NAME	D	WELCH, ALETHA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS		1118 S. ORANGE AVE., #204	
CITY-ST-ZIP		ORLANDO FL 32806	
TITLE NAME	D	GREENSPOON, JEFFREY	<input type="checkbox"/> Delete
STREET ADDRESS		205 E. NASA BLVD.	
CITY-ST-ZIP		MELBOURNE FL 32901	
TITLE NAME	D	DEBIASE, MARK	<input type="checkbox"/> Delete
STREET ADDRESS		9951 ATLANTIC BLVD., #303	
CITY-ST-ZIP		JACKSONVILLE FL 32225	
TITLE NAME	D	WASYLIK, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS		2919 SWANN AVE., #201	
CITY-ST-ZIP		TAMPA FL 33609	
TITLE NAME	D	ROUTMAN, ALAN	<input type="checkbox"/> Delete
STREET ADDRESS		5801 N. DIXIE HWY., STE. 210	
CITY-ST-ZIP		FT. LAUDERDALE FL 33334	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		Fraser Cobbe	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		1001 Samy Drive	
CITY-ST-ZIP		Tampa, FL 33613	
TITLE NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Fraser Cobbe* **Fraser Cobbe** 8/11/03 813-269-7720

CR2E037 (4/03)