

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90003 040 ****61.25

DOCUMENT # N01992

1. Entity Name

ABC BIOMEDICAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

**8158 PALM HARBOR WAY
 ORLANDO FL 32822
 US**

**8158 PALM HARBOR WAY
 ORLANDO FL 32822
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WURTZ, MARILYN
 8158 PALM HARBOR WAY
 ORLANDO FL 32822**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	TORCIVIA, PETER J.	
STREET ADDRESS	3615 CASTAWAY COURT	
CITY-ST-ZIP	CHAMBLEE GA 35431	
TITLE	PVC	<input type="checkbox"/> Delete
NAME	LAVENDER, EDITH AMBROSE	
STREET ADDRESS	224 SANDCASTLE WAY	
CITY-ST-ZIP	ST SIMON ISLE GA 31522	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUKES, DIANNE A	
STREET ADDRESS	607 E. 54TH STREET	
CITY-ST-ZIP	SAVANNAH GA 31405	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUKES, JAMES O	
STREET ADDRESS	607 E. 54TH STREET	
CITY-ST-ZIP	SAVANNAH GA 31405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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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: Edith Lavender **REQUIRE** Edith Lavender February 12, 2001
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)