

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N06765**

1. Entity Name

GOLD COAST CHAPTER OF THE CLINICAL LABORATORY MANAGEMENT ASSOCIATION, INC.

Principal Place of Business

1323 SE 17TH STREET
SUITE 161
FT LAUDERDALE FL 33316
US

Mailing Address

1323 SE 17TH ST
SUITE 161
FT LAUDERDALE FL 33316
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2508644

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

HANSEN, ALLYN
8430 BONITA ISLE DR
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name **RICHARD W. ESPLAN**

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

5444 WINCHESTER WOODS DR.City **LAKE WORTH****FL**Zip Code
33463

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

Richard W Esplan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/18/02**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

TITLE **D** ☐ Delete
NAME **CAVAGNARO, WARIAN**
STREET ADDRESS **7031 N FLAMINGO ROAD**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**TITLE **P** ☐ Delete
NAME **ULSTEIN, HOWARD**
STREET ADDRESS **8201 SW 24TH STREET**
CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**TITLE **D** ☐ Delete
NAME **MANGAL, JENNIFER**
STREET ADDRESS **10101 FOREST HILL BLVD.**
CITY-ST-ZIP **W. PALM BCH. FL 33414**TITLE **VP** ☐ Delete
NAME **THORNTON, BARBARA**
STREET ADDRESS **4176 BAY LAUREL WAY**
CITY-ST-ZIP **BOCA RATON FL 33487**TITLE **T** ☐ Delete
NAME **HANSEN, ALYN**
STREET ADDRESS **8430 BONITA ISLAND DR.**
CITY-ST-ZIP **LAKE WORTH FL 33467**TITLE **D** ☐ Delete
NAME **ORYNICH, NANCY**
STREET ADDRESS **21644 STATE ROAD 7**
CITY-ST-ZIP **BOCA RATON FL 33428**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME **TREASURER**
STREET ADDRESS **ESPLAN, RICHARD**
CITY-ST-ZIP **5444 WINCHESTER WOODS DR.**
LAKE WORTH, FL 33463TITLE ☐ 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:

Richard W Esplan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02 561-882-6465

Date

Daytime Phone #

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90206 014 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)