

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16564

1. Entity Name

THE GULF COAST AREA CHAPTER OF CLINICAL LABORATO

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90138 037 ****61.25

Principal Place of Business

2323 9TH AVENUE NORTH
ST. PETERSBURG FL 33713
US

Mailing Address

2323 9TH AVENUE NORTH
ST. PETERSBURG FL 33713-6832
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

5814 Sierra Crest Lane

Suite, Apt. #, etc.

5814 Sierra Crest Lane

City & State

Lithia FL

City & State

Lithia FL

Zip

33547

Country

USA

Zip

33547

Country

USA

6. Name and Address of Current Registered Agent

FULDAUER, VALERIE G
2323 9TH AVENUE NORTH
ST. PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name: Loret de Mola, Carolyn
Street Address (P.O. Box Number is Not Acceptable): 5814 Sierra Crest Lane
City: Lithia FL Zip Code: 33547

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: Carolyn Loret de Mola Carolyn Loret de Mola 3/12/00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD CONNELLY, LINDA M 122 15TH AVENUE SOUTHWEST LARGO FL 33770	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVIS, DIANE L 1447 85TH AVENUE NORTH ST. PETERSBURG FL 33702	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President-elect-D Davis, Diane L 1447 85th Avenue North St. Petersburg FL 33702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LORET DE MOLA, CAROLYN 3806 BLACKWOOD PLACE VALRICO FL 33594	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Roberts, Barbara 10083 84th Ave N Largo, FL 33777	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FULDAUER, VALERIE G 2323 9TH AVENUE NORTH ST. PETERSBURG FL 33713	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Loret de Mola, Carolyn 5814 Sierra Crest Lane Lithia, FL 33547	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Carolyn Loret de Mola Carolyn Loret de Mola 813-972-8426 x3286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #