

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90008 005 ****70.00

DOCUMENT # N16564

1. Entity Name

THE GULF COAST AREA CHAPTER OF CLINICAL LABORATORY MANAGEMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**5814 SIERRA CREST LANE
 LITHIA FL 33547
 US**

**5814 SIERRA CREST LANE
 LITHIA FL 33547
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2972943

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

**LORET DE MOLA, CAROLYN
 5814 SIERRA CREST LANE
 LITHIA FL 33547**

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 **PD** ☐ Delete
 NAME **CONNELLY, LINDA M**
 STREET ADDRESS **122 15TH AVENUE SOUTHWEST**
 CITY-ST-ZIP **LARGO FL 33770**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Davis, Diane L**
 STREET ADDRESS **1447 85th Ave North**
 CITY-ST-ZIP **St. Petersburg, FL 33702**

TITLE **PED** ☐ Delete
 NAME **DAVIS, DIANE L**
 STREET ADDRESS **1447 85TH AVENUE NORTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33702**

TITLE **PED** ☒ Change ☐ Addition
 NAME **Gary Beidler**
 STREET ADDRESS **3768 Oak Grove Drive**
 CITY-ST-ZIP **Sarasota, FL 34243**

TITLE **SD** ☐ Delete
 NAME **ROBERTS, BARBARA**
 STREET ADDRESS **10083 84TH AVE N**
 CITY-ST-ZIP **LARGO FL 33777**

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

TITLE **TD** ☐ Delete
 NAME **LORET DE MOLA, CAROLYN**
 STREET ADDRESS **5814 SIERRA CREST LANE**
 CITY-ST-ZIP **LITHIA FL 33547**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02

Date

813-972-8426

Daytime Phone #

CR2E037 (9/01)