

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

FILED
Jul 03, 2003 8:00 am
Secretary of State

5/1

05-12-2003 90201 026 ****61.25

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

55050420

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2972943**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Carolyn Loret de Mola

5/6/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DAVIS, DIANE L
STREET ADDRESS 1447 85TH AVE NORTH
CITY-ST-ZIP SAINT PETERSBURG FL 33702 ☐ Delete

TITLE PED
NAME BEIDLER, GARY
STREET ADDRESS 3768 OAK GROVE DRIVE
CITY-ST-ZIP SARASOTA FL 34243 ☒ Delete

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE PED
NAME Kurt Kamps
STREET ADDRESS 2219 Alice Lane
CITY-ST-ZIP Clearwater FL 33764 ☒ Change ☐ Addition

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

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

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

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:

Carolyn Loret de Mola

Carolyn Loret de Mola

5/6/03

813-972-8426 X3284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)