

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

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90270 002 \*\*\*\*61.25

**DOCUMENT # N23778**

1. Entity Name

**CRITICAL INCIDENT STRESS DEBRIEFERS OF FLORIDA,  
INC.**



Principal Place of Business

**5680 SW 87 AVENUE  
MIAMI DADE FIRE RESCUE DEPT  
MIAMI FL 33173**

Mailing Address

**5680 SW 87 AVENUE  
MIAMI DADE FIRE RESCUE DEPARTMENT  
MIAMI FL 33173**

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 **59-2874812**

Applied For

Not Applicable

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

**DURAN, NATALIE  
5680 SW 87 AVENUE  
MIAMI FL 33173**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **PT. DURAN, NATALIE**  
STREET ADDRESS **5680 SW 87 AVENUE**  
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☐ Change ☒ Addition  
NAME **SECRETARY WHITNEY SUSAN B**  
STREET ADDRESS **1502 W. BUSCH BLVD SUITE F**  
CITY-ST-ZIP **TAMPA FL 33612**

TITLE ☐ Delete  
NAME **VPSD HAYGOOD, VIRGINIA**  
STREET ADDRESS **2020 WILTON DRIVE**  
CITY-ST-ZIP **WILTON MANOR FL 38305**

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

TITLE ☒ Delete  
NAME **OWENS, RICK**  
STREET ADDRESS **R. OWENS 32083**  
CITY-ST-ZIP **TAMPA FL 33602**

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

TITLE ☐ Delete  
NAME **D BULLMAN, DR., GLORIA**  
STREET ADDRESS **7380 SAND LAKE RD. SUITE 500**  
CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

**SIGNATURE REQUESTED B. WHITNEY**

**4-20-03**

**813-933-6900**

CR2E037 (10/02)