

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25064

1. Entity Name

THE FLORIDA MEDICAL ASSOCIATION ALLIANCE FOUNDAT

Principal Place of Business

113 E. COLLEGE AVE
TALLAHASSEE FL 32301

Mailing Address

P O BOX 10269
TALLAHASSEE FL 32302

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

59-2896690

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

MORTHAM, SANDRA B
113 E. COLLEGE AVE
TALLAHASSEE FL 32301

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

4/17/01

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
EVCD
MORTHAM, SANDRA B
113 E. COLLEGE AVE
TALLAHASSEE FL 32301 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
O'STEEN, MAGGIE
563 POCOHONTAS DR
FORT WALTON BEACH FL 32547 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PED
WINCHESTER, CAROL
1736 TARPON DRIVE
TALLAHASSEE FL 32308 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HILL, EMILY
4595 FRANCISCO ROAD
PENSACOLA FL 32504 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
LASCHIED, NANCY
372 EDGEWATER WAY N
NAPLES FL 34105 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
LASCHIED, NANCY
372 EDGEWATER WAY N
NAPLES FL 34105 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PED Rochelle Marcus ☐ Change ☒ Addition
6058 NW 71st Terrace
Parkland, FL 33067-1208

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sandra B. Mortham 4/17/01 (850) 6496

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90247 016 ****61.25

80034584



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)