

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N26902
1. Entity Name
Maternal Child Health Coalition

Principal Place of Business **Mailing Address**
4302 Henderson Blvd. **4302 Henderson Blvd.**
Suite 100 **Suite 100**
Tampa, FL 33629 **Tampa, FL 33629**
US **US**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country**

FILED
00 DEC 19 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *JD*

4. FEI Number **59-2908156** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required** **SP**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

Colleen Cuervo
4412 Swann Avenue
Tampa, FL 33609
US

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: *Colleen Cuervo* **12-14-2000**
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
After September 13, 2000 min. will be \$236.25

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	<i>Executive Director</i> Cuervo, Colleen <input checked="" type="checkbox"/> Delete 4412 Swann Avenue Tampa, FL 33609	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> Lilly, Dr. Carol <input checked="" type="checkbox"/> Delete 17 Davis Blvd. 1st Floor Tampa, FL 33606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President</i> Keel, Jimmie <input checked="" type="checkbox"/> Delete P.O. Box 1110 Tampa, FL 33601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary</i> Woodward, Lisa <input checked="" type="checkbox"/> Delete 13201 Bruce B. Downs Blvd. MD Tampa, FL 33612	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
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: *Colleen A. Cuervo* **Colleen A. Cuervo 11/3/2000 (813) 250-0970**

