

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N26902**

1. Entity Name

MATERNAL CHILD HEALTH COALITION, INC.

FILED

01 SEP 27 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4302 HENDERSON BLVD., STE 100 TAMPA FL 33629 US	Mailing Address 4302 HENDERSON BLVD., STE 100 TAMPA FL 33629 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3902 W. Henderson Blvd.	3. Mailing Address (Same)
Suite, Apt. #, etc. Suite 205	Suite, Apt. #, etc. (Same)
City & State Tampa, FL	City & State (Same)
Zip 33629	Country USA

4. FEI Number 59-2908156	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CUERVO, COLLEEN
4412 SWANN AVENUE
TAMPA FL 33609**

7. Name and Address of New Registered Agent

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 A. Cuervo
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 12, 2001, 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

TITLE ED	NAME CUERVO, COLLEEN	<input type="checkbox"/> Delete
STREET ADDRESS 4412 SWANN AVENUE	CITY-ST-ZIP TAMPA FL 33609	
TITLE PD	NAME LILLY, CAROL DR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 17 DAVIS BLVD., 1ST FLOOR	CITY-ST-ZIP TAMPA FL 33606	
TITLE VPD	NAME KEEL, JIMMIE B	<input checked="" type="checkbox"/> Delete
STREET ADDRESS P.O. BOX 1110	CITY-ST-ZIP TAMPA FL 33601	
TITLE SD	NAME WOODWARD, LISA	<input type="checkbox"/> Delete
STREET ADDRESS 13201 BRUCE D DOWNS BLVD., MDC 58	CITY-ST-ZIP TAMPA FL 33612	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ED	NAME CUERVO, COLLEEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4509 S. RENELLIE DRIVE	CITY-ST-ZIP TAMPA, FL 33611	
TITLE PD	NAME WALKER, CARY J.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 100 S. ASHLEY DRIVE, SUITE 1500	CITY-ST-ZIP TAMPA, FL 33602	
TITLE VPD	NAME COE, FAYE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS P.O. Box 5135	CITY-ST-ZIP TAMPA, FL 33675	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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 appointed to execute this report.

Colleen Cuervo

CR2E037 (5/01)