

# 2060 UNIFORM BUSINESS REPORT (UBR)

0006349

DOCUMENT # N36206

1. Entity Name

AMERICAN TRAUMA SOCIETY, FLORIDA DIVISION, INC.

Principal Place of Business

2862 O'HARA DR  
TALLAHASSEE FL 32308  
US

Mailing Address

P.O. BOX 1736  
TALLAHASSEE FL 32302-1736  
US

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

51-0172866

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

SPREHN, MARY T.  
2862 O'HARA DRIVE  
TALLAHASSEE FL 32308

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

*Mary T. Sprehn*

MARY T. SPREHN

1/20/00

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent's 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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME MEEK, TERRY  
STREET ADDRESS 3244 ARBOR HILL WAY  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 400003183204--7  
CITY-ST-ZIP -03/24/00--01076--004

TITLE D ☐ Delete  
NAME GARNER, ROBERT L  
STREET ADDRESS 35 SW 27TH AVE.  
CITY-ST-ZIP MIAMI FL 33135

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS \*\*\*\*\*61.25  
CITY-ST-ZIP \*\*\*\*\*61.25

TITLE D ☐ Delete  
NAME JOHNSON, JAN  
STREET ADDRESS TAMPA GENERAL HOSPITAL  
CITY-ST-ZIP TAMPA FL

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

TITLE D ☐ Delete  
NAME MOGIL, BARRY  
STREET ADDRESS 2190 SO. BELCHER RD.  
CITY-ST-ZIP LARGO FL 34641

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

TITLE D ☐ Delete  
NAME SPREHN, MARY T  
STREET ADDRESS 2862 O'HARA DR.  
CITY-ST-ZIP TALLAHASSEE FL 32308

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:

*MARY T. SPREHN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7269

FILED

00 MAR 21 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)