

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

0006027

DOCUMENT # N36206

1. Entity Name

AMERICAN TRAUMA SOCIETY, FLORIDA DIVISION, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JAN 27 PM 1:28

Principal Place of Business

2862 O'HARA DR  
TALLAHASSEE FL 32308  
US

Mailing Address

P.O. BOX 1736  
TALLAHASSEE FL 32302  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE MARY T. SPREHN  
Signature, typed or printed name of registered agent and title if applicable.

Mary T. Sprehn  
(NOTE: Registered Agent's signature required when reinstating)

1/23/03  
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 NAME STREET ADDRESS CITY - ST - ZIP	P MEEK, TERRY 3244 ARBOR HILL WAY TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARNER, ROBERT L 35 SW 27TH AVE. MIAMI FL 33135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, JAN TAMPA GENERAL HOSPITAL TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOGIL, BARRY 2190 SO. BELCHER RD. LARGO FL 34641	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPREHN, MARY T 2862 O'HARA DR. TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	400010960864 01/27/03--01072--002 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

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 MARY T. SPREHN

1/23/03 850-668-7219

282

Busrep1

January 23, 2003


Dear Kathy

Per our conversation, I am returning this amended business report. It apparently got in the system before the original report and was returned for lack of funding.

Since that time the original has been received by your office and processed.

Since this "Amended Report" is already paid for, will you go ahead and process it for me.

Sincerely

  
George Wright

President

Roseborough Travel Agency Inc

140 E. Indiana Ave.\

DeLand, FL 32724

386-743-7245