

2000 UNIFORM BUSINESS REPORT (UBR)

2/26/00-90043-014-\$61.25-\$61.25

DOCUMENT # N41708

1. Entity Name

FLORIDA INFECTIOUS DISEASE SOCIETY, INC.

Principal Place of Business

1424 EDGEWOOD CIRCLE
JACKSONVILLE FL 32205-7743

Mailing Address

1424 EDGEWOOD CIRCLE
JACKSONVILLE FL 32205-7743

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 20 PM 12:37

C0025487



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3046783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VANDEVELDE, ALEXANDER G M.D.
1424 EDGEWOOD CIRCLE
JACKSONVILLE FL 32205-7743

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

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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	DUMA, RICHARD J M.D.	
STREET ADDRESS	407 LONG COVE ROAD	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	TONEY, JOHN F M.D.	
STREET ADDRESS	8807 HEATHER GLEN COURT	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	VANDEVELEDE, ALEXANDER G	
STREET ADDRESS	1424 EDGEWOOD CIRCLE	
CITY-ST-ZIP	JACKSONVILLE FL 32205-7743	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDEVELDE, ALEXANDER G. MD	
STREET ADDRESS	1424 EDGEWOOD CIRCLE	
CITY-ST-ZIP	JACKSONVILLE, FL 32205-7743	
TITLE	SECRETARY-TREASURER (TS)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONEY, JOHN F. MD	
STREET ADDRESS	8807 HEATHER GLEN COURT	
CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	VICE PRESIDENT (V)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LE FROCK, JACK L MD	
STREET ADDRESS	647 WATERSIDE WAY	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	PAST PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUMA, RICHARD J, MD, PhD	
STREET ADDRESS	407 LONG COVE ROAD	
CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

ALEXANDER G. VANDEVELDE - 10 Jan 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)