

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42754

1. Entity Name

FLORIDA ASSOCIATION OF SUICIDOLOGY, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90140 017 ****61.25

Principal Place of Business

Mailing Address

1425 AURORA ROAD
SUITE E
MELBOURNE FL 32935
US

1425 AURORA ROAD
SUITE E
MELBOURNE FL 32935-5384
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

65-0352775

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

HESTER, HARVEY ALLEN
1425 AURORA ROAD
MELBOURNE FL 32935

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HESTER, HARVEY ALLEN
STREET ADDRESS 1425 AURORA ROAD
CITY-ST-ZIP MELBOURNE FL

TITLE D ☐ Change ☒ Addition
NAME Marie S. Cameron
STREET ADDRESS 3100 Pruitt Road, H-302
CITY-ST-ZIP Port St. Lucie, FL 34952 ☐ Change ☐ Addition

TITLE D ☐ Delete
NAME BURGER, ROBERT T.
STREET ADDRESS 1901 HWY. A1A #6
CITY-ST-ZIP INDIAN HARBOUR FL

TITLE D ☐ Change ☐ Addition
NAME BROCKMAN, WILLIAM G
STREET ADDRESS 698 NW 11TH AVE
CITY-ST-ZIP BOCA RATON FL

TITLE D ☒ Delete
NAME LANDIS, CHARLES E
STREET ADDRESS 78 NE 5TH AVE
CITY-ST-ZIP DELRAY BCH FL

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

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

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

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-00

321-253-2470