

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 19, 2000 8:00 am
Secretary of State

05-19-2000 90062 048 ****61.25

DOCUMENT # N44497

1. Entity Name

C.L. BRUMBACK HEALTH CENTER GOVERNING BOARD, INC

DATE INVOICE RECEIVED

DATE GOODS OR SERV

DATE GOODS OR SERV

ORG CODE **64365**

OBJ CODE **499**

APPROVED FOR PAYMENT

Principal Place of Business

**38754 STATE ROAD 80
 BELLE GLADE FL 33430**

Mailing Address

**38754 STATE ROAD 80
 BELLE GLADE FL 33430-5615**

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

59-6001874

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

**-ROBERTS, DONIA A
 -147 BACOM POINT ROAD
 -PAHOKEE FL 33476**

**61.25 +
 61.25 ***

Name

PAID MAY 1 2000

Street Address (P.O. Box Number is Not Acceptable)

City

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)

**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 **LOHMANN, BRIAN**
 STREET ADDRESS **250 S.E. 1ST STREET**
 CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE **Chairman** ☒ Change ☐ Addition
 NAME **Brent Woodham**
 STREET ADDRESS **833 Fleming Dr.**
 CITY-ST-ZIP **Belle Glade, Florida 33430**

TITLE **VD** ☒ Delete
 NAME **ROBERTS, DONIA**
 STREET ADDRESS **147 BACOM POINT ROAD**
 CITY-ST-ZIP **PAHOKEE FL 33476**

TITLE **Vice Chairperson** ☒ Change ☐ Addition
 NAME **Mercates Robinson**
 STREET ADDRESS **857 SW Avenue C Place**
 CITY-ST-ZIP **Belle Glade, Florida 33430**

TITLE **SD** ☒ Delete
 NAME **SMITH, MILRANDA**
 STREET ADDRESS **101 N.W. 1ST STREET**
 CITY-ST-ZIP **SOUTH BAY FL 33493**

TITLE **D** ☐ Change ☒ Addition
 NAME **Mottie Walker**
 STREET ADDRESS **1241 SW Avenue C Place**
 CITY-ST-ZIP **Belle Glade, Florida 33430**

TITLE **TD** ☒ Delete
 NAME **HOUSTON, JAMES**
 STREET ADDRESS **733 S.W. AVE E. SUITE A**
 CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE **D** ☐ Change ☐ Addition
 NAME **Geneva Simleary**
 STREET ADDRESS **592 SW 10th Street**
 CITY-ST-ZIP **Belle Glade, Florida 33430**

TITLE **D** ☒ Delete
 NAME **DAVIS, CAROLYN**
 STREET ADDRESS **74 BETHUNE COURT**
 CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE **D** ☐ Change ☐ Addition
 NAME **Fr. John Mericantante**
 STREET ADDRESS **1150 E. Main Street**
 CITY-ST-ZIP **Pahokee, Florida 33476**

TITLE **D** ☐ Delete
 NAME **EVERETT, LOUITHA**
 STREET ADDRESS **215 APPLE AVENUE**
 CITY-ST-ZIP **PAHOKEE FL 33476**

TITLE **D** ☐ Change ☐ Addition
 NAME **Arthur M. Gallagher**
 STREET ADDRESS **HC 61 Box 357**
 CITY-ST-ZIP **Clewiston, Florida 33440**

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-00

CR2E037 (9/99)