

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45913

1. Entity Name

FLORIDA HEALTHCARE PURCHASING COOPERATIVE, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90246 002 ****61.25

Principal Place of Business

2225 A1A SOUTH
STE B-2A
ST. AUGUSTINE FL 32084
US

Mailing Address

2225 A1A SO
STE B-2A
ST. AUGUSTINE FL 32084-2919
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3091264**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

PATTERSON, LINDA
2225 A1A SO
STE B-2A
ST. AUGUSTINE FL 32084

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 ☐ Delete
NAME **THOMAS, DAVID L**
STREET ADDRESS **2601 BLAIRSTONE RD**
CITY-ST-ZIP **TALLAHASSEE FL 32399-2500**

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

TITLE ☐ Delete
NAME **DR. GARY DOPSON**
STREET ADDRESS **32 SOUTH 5TH STREET**
CITY-ST-ZIP **MACCLENNY FL 32063**

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

TITLE ☒ Delete
NAME **LUTZ, RICHARD T**
STREET ADDRESS **2727 MAHAN DR., BLDG 3, ROOM 117**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Change ☒ Addition
NAME **Ruben King-Shaw, Jr.**
STREET ADDRESS **2727 MAHAN DR., BLDG 3, Room 3116**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete
NAME **DELAINO, G THOMAS**
STREET ADDRESS **1000 COLLEGE BLVD**
CITY-ST-ZIP **PENSACOLA FL 32504-8998**

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

TITLE ☒ Delete
NAME **LUND, SIGRID**
STREET ADDRESS **400 S FORT HARRISON AVE, FOURTH FLOOR**
CITY-ST-ZIP **CLEARWATER FL 34616**

TITLE ☐ Change ☒ Addition
NAME **Sue Whittle**
STREET ADDRESS **P.O. BOX 7800**
CITY-ST-ZIP **TALLAHASSEE, FL. 32378-7800**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **GARY CRAYTON**
STREET ADDRESS **2727 MAHAN DR., BLDG 3, Room 2423A**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

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 IKA empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/03/00 904-441-2400

Date

Daytime Phone #

CR2E037 (9/99)