2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N46306** Aug 23, 2000 8:00 am Secretary of State 1. Entity Name R SUWANNEE RIVER AREA HEALTH EDUCATION CENTER, INC 08-23-2000 90030 032 ****61.25 Principal Place of Business Mailing Address 42 S. MAIN STREET P O BOX 2157 ALACHUA FL 32615 ALACHUA FL 32615 MUUITHIA 2. Principal Place of Business 3. Mailing Address 16407 NW 174 Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite D City & State City & State_ Applied For 4. FEI Number 59-3112649 Alachua, Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32615 Fee Required usa 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HARRIS, J. OCIE 408 W UNIVERSITY AVE SUITE 306 STATE AND THE SUITE 306 STATE AND THE SUITE SUITE STATE AND THE SUITE SUIT Zip Code GAINESVILLE FL: 326011 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. After September 13, 2000 min. will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE MCCALL, KEN NAME NAME STREET ADDRESS STREET ADDRESS 1801 NORTH TEMPLE AVE. CITY-ST-ZIP CITY-ST-ZIP STARKE FL 32091 ☐ Change ☐ Addition TITLE ☐ Delete TITLE RICHARDSON, BARBARA NAME NAME STREET ADDRESS STREET ADDRESS 42 S. MAIN CITY-ST-7IP CITY-ST-ZIP ALACHUA FL 32615 ☐ Addition TITLE ☐ Delete TITLE Change NAME MESH, MARILYN NAME STREET ADDRESS 23320 N. STATE RD. 235 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKER FL 32622** Delete TITLE TITLE ☐ Change Addition ABRAMS, MARJORIE NAME NAME STREET ADDRESS STREET ADDRESS 3000 NW 83 ST CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32622** TITLE ☐ Defete TITLE ☐ Change Addition DAVIDSON, BETTY A NAME NAME STREET ADDRESS P O BOX 718 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OLD TOWN FL 32680 TITLE ☐ Addition TITLE ☐ Delete NAME GAMBLE, JERONE NAME STREET ADDRESS! STREET ADDRESS P O BOX 1388 CITY-ST; ZIP : CITY-ST-ZIP **OCALA FL 34478** 12.'4 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: Ballara TO FRISTANDED

Suwannee River Officers and Directors
2000

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Michael J. Vernacchio

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