

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N46306**

1. Entity Name

SUWANNEE RIVER AREA HEALTH EDUCATION CENTER, INC

Principal Place of Business

16407 NW 174 DR
SUITE D
ALACHUA FL 32615

Mailing Address

P O BOX 2157
ALACHUA FL 32615

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

59-3112649

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

HARRIS, J. OCIE
408 W UNIVERSITY AVE
SUITE 306
GAINESVILLE FL 32601Name **Barbara E. Richardson**

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

16407 NW 174 Drive

Suite D

City

Alachua

FL

Zip Code

32615

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

Barbara E. Richardson Executive Director

01/03/00

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 **D** ☐ Delete
NAME **MCCALL, KEN**
STREET ADDRESS **1801 NORTH TEMPLE AVE.**
CITY-ST-ZIP **STARKE FL 32091**TITLE **M** ☐ Delete
NAME **RICHARDSON, BARBARA**
STREET ADDRESS **42 S. MAIN**
CITY-ST-ZIP **ALACHUA FL 32615**TITLE **D** ☐ Delete
NAME **MESH, MARILYN**
STREET ADDRESS **23320 N. STATE RD. 235**
CITY-ST-ZIP **BROOKER FL 32622**TITLE **PD** ☐ Delete
NAME **DAVIDSON, BETTY A**
STREET ADDRESS **P O BOX 718**
CITY-ST-ZIP **OLD TOWN FL 32680**TITLE **V** ☐ Delete
NAME **GAMBLE, JERONE**
STREET ADDRESS **P O BOX 1388**
CITY-ST-ZIP **OCALA FL 34478**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Barbara E. Richardson

01/03/00

(904) 4621551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0020817

CR2E037 (10/00)