

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90019 006 ****61.25

0020817

DOCUMENT # N46306
 1. Entity Name
SUWANNEE RIVER AREA HEALTH EDUCATION CENTER, INC

Principal Place of Business Mailing Address
 16407 NW 174 DR P O BOX 2157
 SUITE D ALACHUA FL 32615
 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
 HARRIS, J. OCIE
 408 W UNIVERSITY AVE
 SUITE 306
 GAINESVILLE FL 32601

7. Name and Address of New Registered Agent
 Name **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	<input type="checkbox"/> Delete
NAME	MCCALL, KEN	
STREET ADDRESS	1801 NORTH TEMPLE AVE.	
CITY-ST-ZIP	STARKE FL 32091	
TITLE	M	<input type="checkbox"/> Delete
NAME	RICHARDSON, BARBARA	
STREET ADDRESS	42 S. MAIN	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	D	<input type="checkbox"/> Delete
NAME	MESH, MARILYN	
STREET ADDRESS	23320 N. STATE RD. 235	
CITY-ST-ZIP	BROOKER FL 32622	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIDSON, BETTY A	
STREET ADDRESS	P O BOX 718	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE	V	<input type="checkbox"/> Delete
NAME	GAMBLE, JERONE	
STREET ADDRESS	P O BOX 1388	
CITY-ST-ZIP	OCALA FL 34478	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E037 (10/00)