# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

### **DOCUMENT # N46306**

1. Entity Name

#### SUWANNEE RIVER AREA HEALTH EDUCATION CENTER, INC



## **FILED** Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90197 012 \*\*\*\*61.25

· .	·		· ·	<b>'</b>				
16407 NW 174 DR P O		Mailing Address P O BOX 2157 ALACHUA FL 32615						
2. Principal	Place of Business	3. Mailing Address	Mailing Address					
Cuito And	· H ata				-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number <b>59-3112649</b>		—————	pplied For lot Applicable	
Zip Country Zip		Zip	Country	Country 5. Certificate of Sta		\$8.75 Ad	fditional	
6. Name and Address of Current Registered Agent				7. Name and Addre	ess of New Registere	<del> </del>		
		•	Name					
16407 N	OSON, BARBARA E W 174 DR		Street Address		(P.O. Box Number is Not Acceptable)			
Suite d Alachu	A FL 32615			M-				
			City		F			
8. The above the obliga	e named entity submits this statement tions of registered agent.	for the purpose of changing its	s registered office or regist	stered agent, or both, in th	ne State of Florida. I a	m familiar with	, and accept	
3.								
SIGNATURE			Barbara E Ri	ichardson	1/2	27/03	ĵ	
	Signature, typed or printed name of registered ago	ent and title if applicable. (NOT	E: Registered Agent signature requi		DATI			
FILE NOW: FEE IS \$61.25  9. Election Can Trust Fund C			mpaign Financing Contribution.					
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND	DIBECTORS IN	110	
TITLE	D	□ Delete	TITLE	ADDITIONATORIANGES	3 TO OFFICENS AND	Change	Addition	
NAME	MCCALL, KEN	,	NAME			ondinge		
STREET ADDRESS	1801 NORTH TEMPLE AVE.		STREET ADDRESS					
CITY-ST-ZIP	STARKE FL 32091	·	CITY-ST-ZIP					
TITLE	M	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	RICHARDSON; BARBARA     16407 NW 174 DR SUITE D	7.	NAME	·				
CITY-ST-ZIP	ALACHUA FL 32615	•	STREET ADDRESS  CITY-ST-ZĪP					
TITLÉ	D							
NAME	MESH, MARILYN	☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS	23320 N. STATE RD. 235		STREET ADDRESS					
CITY-ST-ZIP	BROOKER FL 32622		CITY-ST-ZIP					
TITLE	PD	☐ Delete	TITLE			☐ Change	Addition	
NAME	DAVIDSON, BETTY A		NAME			Onlings		
	P O BOX 718		STREET ADDRESS					
CITY-ST-ZIP	OLD TOWN FL 32680	<del> </del>	CITY-ST-ZIP					
TITLE	CAMPLE IEDONE	☐ Delete	TITLE		- ***	☐ Change	Addition	
NAME CERET ARRESON	GAMBLE, JERONE		NAME				1	
STREET ADDRESS CITY-ST-ZIP	P O BOX 1388		STREET ADDRESS					
	OCALA FL 34478	<u> </u>	CITY-ST-ZIP			<del></del>		
TITLE NAME		☐ Delete	TITLE			☐ Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP				1	
	ertify that the information supplied wi							

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: Bollon CTRIBhand MR Barbara E. Richardson

1/27/03

(386) 462-1551

### Suwannee River AHEC Officers and Board Members

#### **SRAHEC Officers**

Betty A. Davidson SRAHEC President P O Box 718 Old Town, Florida 32680

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