

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48599

1. Entity Name

FLORIDA ALLIANCE OF BIRTH CENTERS, INC.

Principal Place of Business

1010 ARTHURS AVE
ORLANDO FL 32804
US

Mailing Address

1010 ARTHUR AVE
ORLANDO FL 32804-2827
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0332061

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMSON, SANDY
1010 ARTHUR AVE
ORLANDO FL 32804

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete

NAME PD
DAUGHTRY, JAMES E
STREET ADDRESS 990 BROADWAY, SUITE C
CITY-ST-ZIP DUNEDIN FL

TITLE ☐ Delete

NAME TD
WILLIAMSON, SANDRA
STREET ADDRESS 1010 ARTHUR AVE.
CITY-ST-ZIP ORLANDO FL 32804

TITLE ☐ Delete

NAME VPD
SMITH, DAVID
STREET ADDRESS 218 N.W. 2ND AVE.
CITY-ST-ZIP GAINESVILLE FL 32601

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-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 22, 2000 8:00 am
Secretary of State

06-22-2000 90049 026 ****61.25



DO NOT WRITE IN THIS SPACE

CR20017 (1/99)