

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90009 038 ****70.00

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
 US

2. Principal Place of Business

Almost Home Womens Ctr.

Suite, Apt. #, etc.

618 W. New York Ave

City & State

Deland, FL

Zip

32720

Country

USA

3. Mailing Address

618 W New York Ave.

Suite, Apt. #, etc.

City & State

Deland, FL

Zip

32720

Country



DO NOT WRITE IN THIS SPACE

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 **Jacinta C. Feldman**

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

C/O Almost Home Womens Health Ctr

618 W. New York Ave

City

Deland

FL

Zip Code

32720

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 **Jacinta C. Feldman, cnm Tres.**

(NOT)

Registered Agent signature required when reinstating

DATE

6/1/01

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P.D** ☒ Change ☐ Addition
 NAME **Anne Richter**
 STREET ADDRESS **Apt 1101 43rd St N**
 CITY-ST-ZIP **10853 Clearwater, FL 33762**

TITLE **VPD** ☐ Change ☐ Addition
 NAME **Williamson, Sandra**
 STREET ADDRESS **1010 Arthur Ave**
 CITY-ST-ZIP **Orlando, FL 32804**

TITLE **TD** ☐ Change ☐ Addition
 NAME **Jacinta C. Feldman**
 STREET ADDRESS **618 W. New York Ave**
 CITY-ST-ZIP **Deland, FL 32720**

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:

Jacinta C. Feldman

6/1/01

386 740-9990

612E037 (10/00)