

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004527

1. Entity Name

DISTRICT 1 COMMUNITY HEALTH PURCHASING ALLIANCE.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90056 040 ****70.00

Principal Place of Business

Mailing Address

345 SOUTH MAGNOLIA DR
STE E-22
TALLAHASSEE FL 32301
US

345 SOUTH MAGNOLIA DR
STE E-22
TALLAHASSEE FL 32301-2989
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3212897

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

MCLAUGHLIN, MURRAY
345 SOUTH MAGNOLIA DR E-22
TALLAHASSEE FL 32301

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 Murray McLaughlin, Executive Director

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME C
STREET ADDRESS HALL, WILLIAM T JR
CITY-ST-ZIP 145 PARKWOOD DR
NICEVILLE FL 32578

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME S
STREET ADDRESS GENTRY, CECILIA
CITY-ST-ZIP 8233 LIFAIR DR
PENSACOLA FL 32506

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS COOK, JEANETTE
CITY-ST-ZIP 7638 N. HWY. 189
BAKER FL 32531

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS DUKES, JOHN III
CITY-ST-ZIP 2259 N.W. 16TH AVE.
GAINESVILLE FL 32605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS O'DELL, KATHIE
CITY-ST-ZIP 1804 LEWIS TURNER BLVD. STE. 100
FT. WALTON BCH. FL 32547

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS WILLIAMS, WILLIAM V
CITY-ST-ZIP 6370 MULDOON RD.
PENSACOLA FL 32526

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: Murray McLaughlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Murray McLaughlin
Executive Director 4-14-00 850-671-3344
Date Daytime Phone #

CR2E037 (9/99)