

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004532

1. Entity Name

DISTRICT 5 COMMUNITY HEALTH PURCHASING ALLIANCE,

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90035 026 ****61.25

Principal Place of Business

Mailing Address

PAMELA J LEAGUE, ED
2240 BELLEAIR RD #180
CLEARWATER FL 33764
US

PAMELA J LEAGUE, ED
2240 BELLEAIR RD #180
CLEARWATER FL 33764-1706
US

2. Principal Place of Business

3. Mailing Address

Same as above.
Suite, Apt. #, etc.

Same as above
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3216600

Applied For

Not Applied For

Zip

Country

Zip

Country

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

LEAGUE, PAMELA J
2240 BELLEAIR RD, #180
CLEARWATER FL 33764

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 Pamela J. League

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/05/2000

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	ST	<input type="checkbox"/> Delete
NAME	REES, JOAN	
STREET ADDRESS	5242 MAIN ST	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	FREEMAN, CAROL R	
STREET ADDRESS	6924 DUNNETTE AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JANE THUERK, TECH DATA	
STREET ADDRESS	7630 BRYAN DAIRY RD	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLY, SAVAGE	
STREET ADDRESS	PO BOX 270848	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNETH J. SWANN	
STREET ADDRESS	7623 LITTLE RD., SUITE 100B	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRANE, DONALD J	
STREET ADDRESS	PO BOX 26	
CITY-ST-ZIP	ST. PETERSBURG FL 33731	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS	5140 Main Street, Suite #4	
CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Grady F. Terrell, III	
STREET ADDRESS	2067 1st Ave., North	
CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Jolene Loos	
STREET ADDRESS	2857 Executive Dr., Suite #120	
CITY-ST-ZIP	Clearwater, FL 34762	

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:

Pamela J. League
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-535-0000

Daytime Phone #

01/05/2000

Date