

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004532

1. Entity Name

DISTRICT 5 COMMUNITY HEALTH PURCHASING ALLIANCE.

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90086 043 ****61.25

006653

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

5719 27th Ave. South
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5203
Suite, Apt. #, etc.

City & State

Gulfport, FL

City & State

Gulfport, FL

Zip

33707

Country

Pinellas

Zip

33737

Country

Pinellas

4. FEI Number

59-3216600

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
5719 27th Ave., South

City

Gulfport

FL

Zip Code

33707

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)

March 08, 2001

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
NAME
ST REES, JOAN
STREET ADDRESS
5140 MAIN STREET, SUITE #4
CITY-ST-ZIP
NEW PORT RICHEY FL ☒ Delete

TITLE
NAME
C
FREEMAN, CAROL R
STREET ADDRESS
6924 DUNNETTE AVE N
CITY-ST-ZIP
ST PETERSBURG FL 33709 ☐ Delete

TITLE
NAME
C
TERRELL, GRADY III
STREET ADDRESS
2067 1ST AVE. N
CITY-ST-ZIP
SAINT PETERSBURG FL 33713 ☒ Delete

TITLE
NAME
D
WALLY, SAVAGE
STREET ADDRESS
PO BOX 270848
CITY-ST-ZIP
TAMPA FL ☒ Delete

TITLE
NAME
D
KENNETH J. SWANN
STREET ADDRESS
7623 LITTLE RD., SUITE 100B
CITY-ST-ZIP
NEW PORT RICHEY FL ☒ Delete

TITLE
NAME
ST
LOOS, JOLENE
STREET ADDRESS
2857 EXECUTIVE DR., SUITE #120
CITY-ST-ZIP
CLEARWATER FL 34762 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
D
Dana Maley
STREET ADDRESS
14722 Seminole Trail
CITY-ST-ZIP
Seminole, FL 33776 ☒ Change ☐ Addition

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

TITLE
NAME
D
Tracey Smith
STREET ADDRESS
25 Pinewood Terrace
CITY-ST-ZIP
Palm Harbor, FL 34684 ☒ Change ☐ Addition

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

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

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

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

Pamela J League

Date

Daytime Phone #

1-29-01

CR2E037 (10/00)