

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 22, 2000 08:00 AM
Secretary of State

DOCUMENT # N93000004534

1. Entity Name

CONSOLIDATED COMMUNITY HEALTH PURCHASING ALLIANCE, INC

Principal Place of Business

4203 VINELAND RD
K-14
ORLANDO
32811

FL

Mailing Address

4203 VINELAND ROAD
SUITE K-14
ORLANDO
32811

US

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3219935

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DUNN EDGAR
347 S RIDGEWOOD AVE

DAYTONA BEACH
32114

US

FL

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 EDGAR DUNN

06/22/2000

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 D ☐ Delete
NAME BAILEY T W
STREET ADDRESS 600 N SALISBURY ST
CITY-ST-ZIP DELAND FL 32720

TITLE D ☐ Delete
NAME SWANN, CHRISTIAN
STREET ADDRESS 1031 W. MORSE BLVD., STE. 270
CITY-ST-ZIP WINTER PARK FL 32802

TITLE D ☐ Delete
NAME SCOTT JERRY
STREET ADDRESS 116 FOREST AVE
CITY-ST-ZIP COCOA FL 32922

TITLE D ☐ Delete
NAME FEE ROGER L
STREET ADDRESS 390 N ORANGE AVE., S-700
CITY-ST-ZIP ORLANDO FL 32802

TITLE D ☐ Delete
NAME REIKER, JON
STREET ADDRESS 5900 LK. ELLENOR DR.
CITY-ST-ZIP ORLANDO FL 32809

TITLE D ☐ Delete
NAME BALK DAVID
STREET ADDRESS 5600 SANDLAKE ROAD, MAILPOINT 607
CITY-ST-ZIP ORLANDO FL 32819

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

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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.