

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004536

1. Entity Name

DISTRICT 9 COMMUNITY HEALTH PURCHASING ALLIANCE,

Principal Place of Business

Mailing Address

4152 W BLUE HERON BLVD  
SUITE 226  
RIVIERA BEACH FL 33404  
US

4152 W BLUE HERON BLVD  
SUITE 226  
RIVIERA BEACH FL 33404-4860  
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

65-0462423

Applied For

Not Applied For

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

Name

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

City

FL

Zip Code

KOONS, JOHN F IV  
4152 WEST BLUE HERON BLVD.  
SUITE 226  
RIVIERA BEACH FL 33404

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

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	<input checked="" type="checkbox"/> Delete
NAME	BRADY, STANLEY	
STREET ADDRESS	400 SOUTH DIXIE HWY., STE. 421	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERSHEY, SUE	
STREET ADDRESS	121 S.W. FLAGLER AVE.	
CITY-ST-ZIP	STUART FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KOONS, JOHN F	
STREET ADDRESS	6601 S. FLAGLER DRIVE	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	COOPER, MARYBETH	
STREET ADDRESS	2123 S.W. 21ST ST.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TALLEY, DAVID H	
STREET ADDRESS	1983 PGA BLVD. STE. 104	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	OSTEEN, WILLIAM D	
STREET ADDRESS	308 AVE. A	
CITY-ST-ZIP	FORT PIERCE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASAS, SUSAN	
STREET ADDRESS	4152 W. Blue Heron Blvd., #116	
CITY-ST-ZIP	Riviera Beach, FL	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGRAFFENREIDT, ANDREW	
STREET ADDRESS	1 Clearlake Center, 250 S. Austral	
CITY-ST-ZIP	West Palm Beach, FL	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELMORE, GEORGE	
STREET ADDRESS	2350 S. Congress Ave.	
CITY-ST-ZIP	Delray Beach, FL	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HRABKO, DANIEL	
STREET ADDRESS	1639 FORUM PLACE, #5	
CITY-ST-ZIP	West Palm Beach, FL	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DIANA	
STREET ADDRESS	7 Bay Tree Circle	
CITY-ST-ZIP	Boynton Beach, FL	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBEAN, GARY A.	
STREET ADDRESS	4152 W. Blue Heron Blvd., #226	
CITY-ST-ZIP	Riviera Beach, FL	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.075(1), 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

Date

Daytime Phone #

1/27/2000 561-840-0333