

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003693

1. Entity Name

HEALTHY COMMUNITY INITIATIVE OF GREATER ORLANDO,

Principal Place of Business

507 E MICHIGAN STREET
ORLANDO FL 32856
US

Mailing Address

507 E MICHIGAN STREET
ORLANDO FL 32806-4621
US

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

59-3266381

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

MATEER, WILLIAM G
225 EAST ROBINSON ST
SUITE 600
ORLANDO FL 32801

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

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 CD ☒ Delete
NAME CHAPIN, LINDA
STREET ADDRESS 425 N. ORANGE AVE., #2110
CITY-ST-ZIP ORLANDO FL 32801

TITLE CD ☐ Change ☒ Addition
NAME Gabrielson, Scott
STREET ADDRESS 225 E. Robinson, #600, Orlando, FL
CITY-ST-ZIP 32801

TITLE D ☒ Delete
NAME BRONSON, JEANELLE
STREET ADDRESS 111 NORTH ORANGE AVENUE, SUITE 1700
CITY-ST-ZIP ORLANDO FL 32801

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

TITLE SD ☐ Delete
NAME HAMILTON, THOMAS M.D.
STREET ADDRESS FLORIDA HOSPITAL, 601 E. ROLLINS AVE
CITY-ST-ZIP ORLANDO FL 32803

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

TITLE D ☐ Delete
NAME MATEER, WILLIAM G
STREET ADDRESS 225 E. ROBINSON ST., SUITE 600
CITY-ST-ZIP ORLANDO FL 32801

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

WILLIAM G MATEER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90028 013 ****70.00

632638



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)