

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004479

1. Entity Name

ASSOCIATION FOR RESPONSIBLE MEDICINE, INC.

Principal Place of Business

10501 LAKE CARROLL WAY
TAMPA FL 33618

Mailing Address

10501 LAKE CARROLL WAY
TAMPA FL 33618-4231

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MCEACHERN, RAYMOND T
10501 LAKE CARROLL WAY
TAMPA FL 33618

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

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 type="checkbox"/> Delete
NAME	BABBITT, THEODORE	
STREET ADDRESS	1801 AUSTRALIAN AVE. A.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	STICKLAND, BONNIE	
STREET ADDRESS	4119 BAYSHORE BLVD., N.E.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARREN, MARY	
STREET ADDRESS	919 9TH CT	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCEACHERN, RAYMOND T.	
STREET ADDRESS	10501 LAKE CARROLL WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELLRICH, W D JR	
STREET ADDRESS	4400 PGA BLVD STE 400	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEISLER, BELUNDA	
STREET ADDRESS	16263 121ST TERR	
CITY-ST-ZIP	JUPITER FL 33478	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Theodore Babbitt REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-00

Date

561-684-4639

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90041 038 ****61.25

CR2E037 (9/99)