

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001677

1. Entity Name

FLORIDA ASSOCIATION OF RURAL HEALTH CLINICS, INC

Principal Place of Business

225 US HWY 27 SOUTH  
LAKE PLACID FL 33852

Mailing Address

POST OFFICE BOX 3267  
LAKE PLACID FL 33862-3267

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

65-0576197

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

GOSSMAN, JEANNE G  
225 US HIGHWAY 27 SOUTH  
LAKE PLACID FL 33852

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	ST	<input type="checkbox"/> Delete
NAME	GOSSMAN, JEANNE G	
STREET ADDRESS	225 US HWY., 27 SOUTH	
CITY-ST-ZIP	LAKE PLACID FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	CERN, KEN	
STREET ADDRESS	1707 EAST OAK STREET	
CITY-ST-ZIP	ARCADIA FL 33821	
TITLE	D	<input type="checkbox"/> Delete
NAME	GLASS, GREG	
STREET ADDRESS	1203 GOVERNS SQUARE BLVD STE. 302	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	P	<input type="checkbox"/> Delete
NAME	TILLMAN, MARY ALICE	
STREET ADDRESS	5229 WEST GALA LANE	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, RENEE	
STREET ADDRESS	2661 US HWY 90 W	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITE, BETH	
STREET ADDRESS	2300 S. FIRST ST.	
CITY-ST-ZIP	LAKE CITY FL 32055	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CETIN, KEN	
STREET ADDRESS	1110 EAST GIBSON ST.	
CITY-ST-ZIP	ARCADIA, FL 33821	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRBY EDGE	
STREET ADDRESS	217 WEST AVENUE A	
CITY-ST-ZIP	BELLE GLADE, FL 33430	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY WOOD WEBER	
STREET ADDRESS	2661 US HWY 90 W.	
CITY-ST-ZIP	LAKE CITY, FL 32055	

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

Date

Daytime Phone #

2-400 863/699-9927

CR2E037 (9/99)

FILED  
Feb 16, 2000 8:00 am  
Secretary of State

02-16-2000 90136 005 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE