

2001 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

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

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

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 P
NAME GOSSMAN, JEANNE G
STREET ADDRESS 225 US HWY., 27 SOUTH
CITY-ST-ZIP LAKE PLACID FL 33852 ☐ Delete

TITLE D
NAME CERN, KEN
STREET ADDRESS 1110 E GIBSON ST
CITY-ST-ZIP ARCADIA FL 33821 ☐ Delete

TITLE D
NAME GLASS, GREG
STREET ADDRESS 1203 GOVERNS SQUARE BLVD STE. 302
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE D
NAME TILLMAN, MARY ALICE
STREET ADDRESS 5229 WEST GALA LANE
CITY-ST-ZIP DUNNELLON FL 34433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TREASURER/SEC ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE PRESIDENT
NAME MARYLOU WEBER
STREET ADDRESS 1205 NW 47 CT
CITY-ST-ZIP GAINESVILLE, FL 32606 ☐ Change ☒ Addition

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

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

1/8/01

Date

863/695-9977

Daytime Phone #

CR2E037 (10/00)

0067141

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90113 047 ****61.25



DO NOT WRITE IN THIS SPACE