2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
04-25-2001 90052 006 ****61.25

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DOCUMENT # N95000001976

1. Entity Name

FLORIDA UROLOGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
1133 WEST MORSE BLVD. SUITE 201 WINTER PARK FL 32789	1133 WEST MORSE BLVD. SUITE 201 WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

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 59-3313203 ☐ 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
CROW-SEGAL MANAGEMENT CO INC. 1133 WEST MORSE BLVD. WINTER PARK FL 32789	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BROWN, B THOMAS 545 HEALTH BLVD DAYTONA BEACH FL 32114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD Brown, B. Thomas 545 Health Blvd. Daytona Beach, FL 32114	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAUGHN, DAVID J 1812 N. MILLS AVE. ORLANDO FL 32083	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Pinon, Avelino 7800 SW 87th Avenue, #C350 Miami, FL 33173	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRABLE, MICHAEL S 685 PEACHWOOD DRIVE DELAND FL 32720	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLASSER, MAC 1715 VILLAGE WAY ORANGE PARK FL 32073	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Root, Malcomb 12091 Swann Avenue Tampa, FL 33606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD ACKERMAN, EDWARD M 1812 N MILLS AVE ORLANDO FL 32803	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Swartz, Douglas 836 Prudential Drive, #1502 Jacksonville, FL 32207	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SELLINGER, SCOTT 1207 HODGES DRIVE TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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: B Thomas Kellum 4/16/01 407-647-8839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #