

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000129

1. Entity Name

SOUTH PINELLAS MEDICAL EXECUTIVES ASSOCIATION, I

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90138 005 ****61.25

Principal Place of Business

13577 FEATHER SOUND DRIVE
SUITE 300
ST. PETERSBURG FL 34622-5547
US

Mailing Address

P.O. BOX 15245
ST. PETERSBURG FL 33733-5245
US

2. Principal Place of Business

3. Mailing Address

P.O. BOX 15245

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg FL

City & State

St. Petersburg FL

Zip 33733

Country USA

Zip

Country

4. FEI Number

59-3347603

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIKOS, CYNTHIA A ESQ.
13577 FEATHER SOUND DRIVE
SUITE 300
CLEARWATER FL 34622-5547

7. Name and Address of New Registered Agent

Name MIKOS, Cynthia A ESQ
Street Address (P.O. Box Number is Not Acceptable)
205 N. PARSONS AVENUE
Suite A
City Brandon FL Zip Code 33504-4515

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.

Same agent
just add
change

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	PD	<input checked="" type="checkbox"/> Delete
NAME	FICO, MARY S	
STREET ADDRESS	666 6TH ST S STE 215	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RABIDOUX, MARGARET	
STREET ADDRESS	1111 7TH AVE N, #105	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE	T	<input type="checkbox"/> Delete
NAME	YATES, GAIL	
STREET ADDRESS	3010 22ND AV S	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	PPD	<input checked="" type="checkbox"/> Delete
NAME	ORANGE, ANNE	
STREET ADDRESS	12294 INDIAN ROCKS ROAD	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	P	<input type="checkbox"/> Delete
NAME	PILKINGTON, TERRY	
STREET ADDRESS	1000 16TH ST N	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAVERTY, SUE	
STREET ADDRESS	360 N CLEARWATER-LARGO RD	
CITY-ST-ZIP	LARGO FL 33770	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharon Moorhead	
STREET ADDRESS	995 46 AVE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33703	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARLENE SHEETS	
STREET ADDRESS	5880 49 ST N, STE 104 N. BLDG	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATES, GAIL	
STREET ADDRESS	1258 W. DAY DRIVE, #D	
CITY-ST-ZIP	LARGO, FL 33770	
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	Pilkington, Terry	
STREET ADDRESS	1000 16 ST N	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAVERTY, SUE	
STREET ADDRESS	360 N CLEARWATER-LARGO RD	
CITY-ST-ZIP	LARGO FL 33770	

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: SUE HAVERTY, CMM 3/15/2000 586-3711

Date

Daytime Phone #

CR2E037 (9/99)