

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2000 8:00 am
Secretary of State

05-10-2000 90119 048 ****61.25

DOCUMENT # N96000000719

1. Entity Name

ESCAMBIA COUNTY MEDICAL ALLIANCE FOUNDATION, INC

Principal Place of Business

Mailing Address

529 FONTAINE ST.
PENSACOLA FL 32503

529 FONTAINE ST.
PENSACOLA FL 32503-2018

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3365783

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KETTNER, PATTY LOU
529 FONTAINE ST.
PENSACOLA FL 32503

Name Westbrook, Maryann

Street Address (P.O. Box Number is Not Acceptable)

4538 Bohemia Place

City Pensacola

FL

Zip Code 32504

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

Maryann Westbrook

4-15-00

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	VPD	<input checked="" type="checkbox"/> Delete
NAME	KETTNER, PATTY LOU	
STREET ADDRESS	529 FONTAINE ST.	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	MD	<input checked="" type="checkbox"/> Delete
NAME	KRUEGER, DEE	
STREET ADDRESS	3913 WEST MADURA	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CARDELLA, KATHLEEN	
STREET ADDRESS	1325 N. BARACELONA STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LONG, LINDA	
STREET ADDRESS	330 PLANTATION HILL ROAD	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, LIZ	
STREET ADDRESS	5930 OTTOR PL RD	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WEAVER, CAROL	
STREET ADDRESS	3711 CEYLON	
CITY-ST-ZIP	GULF BREEZE FL 32561	

TITLE	President - PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, LIZ	
STREET ADDRESS	3735 MACKAY COVE DRIVE	
CITY-ST-ZIP	PENSACOLA, FL. 32514	
TITLE	Vice President - VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, SHARON	
STREET ADDRESS	7418 St. James Place	
CITY-ST-ZIP	PENSACOLA, FL. 32504	
TITLE	Secretary - SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORR, NANCY	
STREET ADDRESS	1400 Camale Drive	
CITY-ST-ZIP	PENSACOLA, FL. 32504	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KETTNER, PATTY LOU	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	620 Baycliff Road	
CITY-ST-ZIP	GULF BREEZE, FL. 32561	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Westbrook, Maryann	
STREET ADDRESS	4538 Bohemia Place	
CITY-ST-ZIP	PENSACOLA, FL 32504	

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:

Maryann Westbrook Maryann Westbrook 4-15-00 (850) 494-922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)