

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002463

1. Entity Name

OKALOOSA COUNTY MEDICAL ALLIANCE FOUNDATION, INC

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

05-16-2000 90004 030 ****61.25

Principal Place of Business

Mailing Address

11 COUNTRY CLUB RD
SHALIMAR FL 32549

POST OFFICE BOX 4343
FORT WALTON BEACH FL 32549-4343

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

59-3456203

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

HUTCHENS, LAURIE
915 BEACHVIEW DRIVE
FT WALTON BEACH FL 32547

Name

Koszuta, Laurie

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

1666 Parkside Circle

City

Niceville

FL

Zip Code
32578

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 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 P ☒ Delete
NAME HUTCHENS, LAURIE
STREET ADDRESS 915 BEACHVIEW DRIVE
CITY-ST-ZIP FT WALTON BEACH FL 32547

TITLE PE ☒ Change ☐ Addition
NAME Carr, Linda
STREET ADDRESS 229 Yacht Club Drive
CITY-ST-ZIP Ft. Walton Beach FL 32548

TITLE PED ☒ Delete
NAME KOSZUTA, LAURIE
STREET ADDRESS 1666 PARKSIDE CIRCLE
CITY-ST-ZIP NICEVILLE FL 32578

TITLE PD ☒ Change ☐ Addition
NAME Koszuta, Laurie
STREET ADDRESS 1666 Parkside Circle
CITY-ST-ZIP Niceville FL 32578

TITLE SD ☒ Delete
NAME BLUMBERG, GAYLE
STREET ADDRESS 2359 TWIN BAY VIEW
CITY-ST-ZIP FT WALTON BEACH FL 32547

TITLE RS ☒ Change ☐ Addition
NAME Harvey, DeLann
STREET ADDRESS 640 Kilcullen Dr.
CITY-ST-ZIP Niceville FL 32578

TITLE TD ☒ Delete
NAME BURDEN, PAM
STREET ADDRESS 86 CAYMAN COVE
CITY-ST-ZIP DESTIN FL 32541

TITLE T ☒ Change ☐ Addition
NAME Blumberg, Gayle
STREET ADDRESS 2359 Twin Bay View
CITY-ST-ZIP Ft. Walton Beach FL 32547

TITLE V ☒ Delete
NAME GINEN, ANA
STREET ADDRESS 289 SHALIMAR DRIVE
CITY-ST-ZIP SHALIMAR FL 32579

TITLE VP ☒ Change ☐ Addition
NAME Kindley, Lynn
STREET ADDRESS 2691 Hwy. 98 West
CITY-ST-ZIP Mary Esther FL 32569

TITLE S ☒ Delete
NAME QUIGLEY, KELLEY
STREET ADDRESS 111 MIEGS DRIVE
CITY-ST-ZIP SHALIMAR FL 32579

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

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

4/26/2000

Date

850-817-7528

Daytime Phone #

CR2E037 (9/99)