

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 07, 2001 8:00 am
Secretary of State

02-06-2001 90246 042 ****61.25

DOCUMENT # N97000002463

1. Entity Name

OKALOOSA COUNTY MEDICAL ALLIANCE FOUNDATION, INC

Principal Place of Business

Mailing Address

**11 COUNTRY CLUB RD
 SHALIMAR FL 32549**

**POST OFFICE BOX 4343
 FORT WALTON BEACH FL 32549**

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

**KOSZUTA, LAURIE
 1666 PARKSIDE CIRCLE
 NICEVILLE FL 32578**

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 HUTCHENS, LAURIE 915 BEACHVIEW DRIVE FT WALTON BEACH FL 32547 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PEP KOSZUTA, LAURIE 1666 PARKSIDE CIRCLE NICEVILLE FL 32578 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLUMBERG, GAYLE 2359 TWIN BAY VIEW FT WALTON BEACH FL 32547 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURDEN, PAM 86 CAYMAN COVE DESTIN FL 32541 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GINEN, ANA 289 SHALIMAR DRIVE SHALIMAR FL 32579 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUIGLEY, KELLEY 111 MIEGS DRIVE SHALIMAR FL 32579 <input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Linda Carr D 229 Yacht Club FT Walton Beach FL 32548 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Joey Lewis D 934 Bay Cove Ln SHALIMAR FL 32579 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary D Pam Fleischer 17 Bay Shore Dr. SHALIMAR FL 32579 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer D Emily Hsiang 1558 Glenlake Circle Niceville FL 32578 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01
 Date

850 243-8508
 Daytime Phone #

CR2E037 (10/00)