2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N97000002507 Jan 21, 2000 8:00 am 1. Entity Name **Secretary of State** BREVARD COUNTY EMERGENCY MEDICAL SERVICES FOUNDA

Brincipal Place of Business

Mailing Address 01-21-2000 90101 026 ****61.25 Principal Place of Business 2263 W. NEW HAVEN AVENUE 2263 W. NEW HAVEN AVENUE SUITE 330 SUITE 330 We are not an offill UND THUCKunty Gov W. MELBOURNE FL 32904-3805 W. MELBOURNE FL 32904 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3447447 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent . Name Street Address (P.O. Box Number is Not Acceptable) WINDHAM, KENNETH SR 2263 W. NEW HAVEN AVENUE SUITE 330 City Zip Code W. MELBOURNE FL 32904 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. CHAPTED SOLE A **取近世界后代的** SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ice President X Addition ☐ Delete TITLE TITLE. NAME NAME DUGAN, PATRICK F STREET ADDRESS STREET ADDRESS 39 S ATLANTIC AVE CITY-ST-ZIP CITY-ST-ZIP COCOA BCH FL 32931 **Addition** ☐ Change TITLE TITLE ☐ Delete NAME NAME MCPHERSON, JOHN R STREET ADDRESS STREET ADDRESS 1350 S. HICKORY STREET CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32901 Change Addition TITLE TITLE ☐ Delete NAME TASKER, MOLLY J STREET ADDRESS STREET ADDRESS 244 E EAU GALLIE BLVD 190 CITY-ST-ZIP CITY-ST-ZIP INDIAN HARBOUR BCH FL 32937 TITLE ☐ Delete TITI F NAME NAME DELISA, DOUGLAS J STREET ADDRESS STREET ADDRESS 1211 ASHLAND AVENUE, SE CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL 32909 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME CHADWICK, PAT STREET ADDRESS STREET ADDRESS 1785 TEAK RD. SE

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CICNATURE

PALM BAY FL 32909

1519 CLEARLAKE RD

<u>COCOA FL 32922-6597</u>

WILLIAMS, LES

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

15 Jan 2000

(321)-427-977

☐ Change

☐ Addition