

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 8:00 am
Secretary of State

06-05-2001 90030 044 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000002534

1. Entity Name
 MEDICAL ENGINEERING VOLUNTEERS OF FLORIDA, INCORPORATED

Principal Place of Business
 209 S. Nassau St.
 Suite 101
 Venice, FL 34285

Mailing Address
 209 S. Nassau St.
 Suite 101
 Venice, FL 34285

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0854519

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

WILLIAMS, ROBERT L.
 209 S. Nassau St.
 Suite 101
 Venice, FL 34285

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	D	<input type="checkbox"/> Delete
NAME	Pate, Charles M.	
STREET ADDRESS	628 Gardenia Drive	
CITY-ST-ZIP	Venice, FL 34293	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Pierce, David W.	
STREET ADDRESS	1111 Deardon Drive	
CITY-ST-ZIP	Venice, FL 34292	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Diehm, Ron	
STREET ADDRESS	1063 Venetian Parkway	
CITY-ST-ZIP	Venice, FL 34292	
TITLE	D	<input type="checkbox"/> Delete
NAME	Park, James	
STREET ADDRESS	308 Parkdale Drive	
CITY-ST-ZIP	Venice, FL 34285	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	Williams, Robert L.	
STREET ADDRESS	1343 Lucaya Avenue	
CITY-ST-ZIP	Venice, FL 34292	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hauck, Richard	
STREET ADDRESS	242 Hidden Bay Dr., #304	
CITY-ST-ZIP	Osprey, FL 34229	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chavette, George	
STREET ADDRESS	247 Estrada Rd.	
CITY-ST-ZIP	North Port, FL 34287	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Robert L.	
STREET ADDRESS	1250 Waterside Lane	
CITY-ST-ZIP	Venice, FL 34292	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 no 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

Date

Daytime Phone #

CR2E037 (11/00)