

2000 UNIFORM BUSINESS REPORT (UBR)

3/20/00-90025-039-\$61.25-\$61.25

pg 19

DOCUMENT # N98000003393

1. Entity Name

FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS FOUNDATI

Principal Place of Business

Mailing Address

222 SOUTH WESTMONTE DR., STE. 101
ALTAMONTE SPRINGS FL 32714

222 SOUTH WESTMONTE DR., STE. 101
ALTAMONTE SPRINGS FL 32714-4268

FILED

00 MAR 31 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

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

Name

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

City

FL

Zip Code

KAUTTER, MARTINE E
222 SOUTH WESTMONTE DR., STE. 101
ALTAMONTE SPRINGS FL 32714

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 C ☒ Delete
NAME COLLINS, LARRY
STREET ADDRESS 610 BLUE GILL CT
CITY-ST-ZIP TAMPA FL 33613

TITLE D ☐ Change ☒ Addition
NAME Strohman, Barry
STREET ADDRESS 1107 Linwood Loop
CITY-ST-ZIP Jax FL 32259

TITLE PD ☐ Delete
NAME HULLEY, JEFFREY R
STREET ADDRESS 940 NE JUNIPER PL
CITY-ST-ZIP JENSEN BEACH FL 34957

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

TITLE SD ☐ Delete
NAME YOUNG, PATTY
STREET ADDRESS 8700 SOUTHSIDE BLVD #2212
CITY-ST-ZIP JACKSONVILLE FL 32256

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

TITLE D ☐ Delete
NAME WHIGHAM, WILLIAM
STREET ADDRESS 1035 ADMIRAL CROSSING
CITY-ST-ZIP ALPHARETTA GA 30202

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Kautter, Martine
STREET ADDRESS 222 S Westmonte DR., Ste 101
CITY-ST-ZIP Altamonte Springs FL 32714

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3/15/00

Date

407-774-7880

Daytime Phone #

CR2E037 (9/99)

SP