

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005605

1. Entity Name
GLOBAL MEDICAL RELIEF INCORPORATED

Principal Place of Business
6850 LIVING WATER PLACE
TAMPA FL 33610

Mailing Address
6850 LIVING WATER PLACE
TAMPA FL 33610

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC 22 AM 10:04

REINS
DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3562866

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
V. JEAN OWENS, ESQUIRE
811-B CYPRESS VILLAGE BOULEVARD
RUSKIN FL 33573

7. Name and Address of New Registered Agent
Name Jennifer McLeod
Street Address (P.O. Box Number is Not Acceptable) 6850 Living Water Pl
City Tampa FL Zip Code 33610

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 *Jennifer McLeod* DATE 12/5/00
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, RONALD H DR. 6850 LIVING WATER PLACE TAMPA FL 33610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENTRI, JOHN L M.D. 1811 E. CHAPEL TREE CIRCLE BRANDON FL 33511 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCORD, MICHAEL 1907 SADDLELAKE BRANDON FL 33511 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MYER, MELVIN 3502 HENDERSON BLVD. #300 TAMPA FL 33688 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLARK, BELINDA 6850 LIVING WATER PLACE TAMPA FL 33610 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000003526350--8 -01/08/01--01013--020 ****236.25 ****236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>ph 12/27</i>
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
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: *Jennifer McLeod* DATE 12/5/00 DAYTIME PHONE # (813) 620-4551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0009520
CF2E037 (5/00)