

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007122

1. Entity Name

NATIONAL ASSOCIATION OF EMERGENCY MEDICAL SERVICE

Principal Place of Business

3717 S. CONWAY ROAD
ORLANDO FL 32812-7607

Mailing Address

3717 S. CONWAY ROAD
ORLANDO FL 32812-7607

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

62-1747607

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

BRUNNER, BETH
3717 S. CONWAY ROAD
ORLANDO FL 32812-7607

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 ☒ Delete
NAME MIRIOVSKY, MIKE
STREET ADDRESS 4600 VALLEY ROAD, #337
CITY-ST-ZIP LINCOLN NE 68510

TITLE Director ☐ Change ☒ Addition
NAME Dan Halley
STREET ADDRESS 11133 Dunn Rd
CITY-ST-ZIP St. Louis MO 63136

TITLE D ☐ Delete
NAME HATLEY, TODD
STREET ADDRESS P.O. BOX 699
CITY-ST-ZIP PITTSBORO NC 27312

TITLE Director ☐ Change ☒ Addition
NAME Darryl Coontz
STREET ADDRESS 6740 Eastwood Tfwy
CITY-ST-ZIP Kansas City MO 64129

TITLE D ☒ Delete
NAME DUTKOWSKI, KAREN
STREET ADDRESS 315 E. 200 SOUTH
CITY-ST-ZIP SALT LAKE CITY UT 84111

TITLE Director ☐ Change ☒ Addition
NAME Patricia Brandt
STREET ADDRESS 6950 Amory Court
CITY-ST-ZIP Winter Park FL 32792

TITLE D ☐ Delete
NAME LANDY, AL
STREET ADDRESS P.O. BOX 98000
CITY-ST-ZIP LAFAYETTE LA 70509-8000

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

TITLE D ☐ Delete
NAME LEDUC, TODD
STREET ADDRESS 2601 W. BROWARD BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33112

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

TITLE D ☒ Delete
NAME HARRAWOOD, DAVID
STREET ADDRESS 2200 STICKNEY POINT RD.
CITY-ST-ZIP SARASOTA FL 34321

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:

David Harwood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000
Date

337/291-1524
Daytime Phone #

CR2E037 (9/99)