

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90121 026 ****61.25

AC053764

DO NOT WRITE IN THIS SPACE

DOCUMENT # **N 99000004002**

1. Entity Name

The Medical Resource Council, Inc.

Principal Place of Business

**304 West Henry Ave.
Tampa, FL 33604**

Mailing Address

**304 West Henry Ave
Tampa FL 33604**

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

593592000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**Charles R. Fletcher
101 East Kennedy Ave.
Suite 3400
Tampa, FL 33601-2350**

7. Name and Address of New Registered Agent

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

TITLE **Dir.** NAME **April Duke-Griffin** ☐ Delete
STREET ADDRESS **304 West Henry Ave.**
CITY-ST-ZIP **Tampa, FL 33604**

TITLE **Dir.** NAME **Glenda J Beard** ☐ Delete
STREET ADDRESS **6152 Barbara Drive**
CITY-ST-ZIP **Seffner, FL 33584**

TITLE **Dir.** NAME **Charles R. Fletcher** ☐ Delete
STREET ADDRESS **101 East Kennedy Ave, Ste. 3400**
CITY-ST-ZIP **Tampa, FL 33601-2350**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

Charles R. Fletcher *Chad H*

5/1/00

(813)229-2775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)