

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90241 027 \*\*\*150.00

DOCUMENT # P98000020276

1. Entity Name  
DONNA L. BLAIR LCSW, P.A.



Principal Place of Business  
221 DUNE DRIVE  
SANTA ROSA BEACH FL 32459

Mailing Address  
PO BOX 1642  
SANTA ROSA BEACH FL 32459



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

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

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3509929

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
BLAIR, DONNA L  
221 DUNE DRIVE  
SANTA ROSA BEACH FL 32459

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BLAIR, DONNA L	
STREET ADDRESS	221 DUNE DR	
CITY-ST-ZIP	SANTA ROSA BCH FL 32459	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, ROBIN	
STREET ADDRESS	14611 CECIL DRIVE	
CITY-ST-ZIP	LITTLE ROCK AK 72223	
TITLE	D	<input type="checkbox"/> Delete
NAME	OTT, SUSAN	
STREET ADDRESS	605 RIVER CHASE POINT	
CITY-ST-ZIP	ATLANTA GA 30325	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRICE, AMARYLLIS	
STREET ADDRESS	12213 MILLS REAM DR	
CITY-ST-ZIP	BOWIE MD 20715	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONNELLY, GREGORY	
STREET ADDRESS	5864 NICHOLSON LANE #512	
CITY-ST-ZIP	N BETHESDA MD 20852	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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 607, 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: *Donna L. Blair* Date: Feb 13, 2003 Daytime Phone #: (850) 763-7102

CR2E034 (10/02)