

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 23, 2000 8:00 am**  
**Secretary of State**

08-23-2000 90030 032 \*\*\*\*61.25

**DOCUMENT # N46306**

1. Entity Name

**SUWANNEE RIVER AREA HEALTH EDUCATION CENTER, INC** *R*

Principal Place of Business

42 S. MAIN STREET  
 ALACHUA FL 32615

Mailing Address

P O BOX 2157  
 ALACHUA FL 32615

2. Principal Place of Business

**16407 NW 174 Drive**

3. Mailing Address

Suite, Apt. #, etc.

Suite **D**

City & State

**Alachua, FL**

City & State

4. FEI Number

**59-3112649**

Applied For

Not Applicable

Zip

**32615**

Country

**USA**

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HARRIS, J. OCIE**  
**408 W UNIVERSITY AVE**  
**SUITE 306**  
**GAINESVILLE FL 32601**

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**  
**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MCCALL, KEN</b>
STREET ADDRESS	<b>1801 NORTH TEMPLE AVE.</b>
CITY-ST-ZIP	<b>STARKE FL 32091</b>
TITLE	<b>M</b> <input type="checkbox"/> Delete
NAME	<b>RICHARDSON, BARBARA</b>
STREET ADDRESS	<b>42 S. MAIN</b>
CITY-ST-ZIP	<b>ALACHUA FL 32615</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MESH, MARILYN</b>
STREET ADDRESS	<b>23320 N. STATE RD. 235</b>
CITY-ST-ZIP	<b>BROOKER FL 32622</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>ABRAMS, MARJORIE</b>
STREET ADDRESS	<b>3000 NW 83 ST</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32622</b>
TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>DAVIDSON, BETTY A</b>
STREET ADDRESS	<b>P O BOX 718</b>
CITY-ST-ZIP	<b>OLD TOWN FL 32680</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>GAMBLE, JERONE</b>
STREET ADDRESS	<b>P O BOX 1388</b>
CITY-ST-ZIP	<b>OCALA FL 34478</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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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 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: *Barbara Richardson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/00 (904) 462 1551

Date Daytime Phone #

CR2E037 (5/00)

*Suwannee River Officers and Directors  
2000*

Doc # NY 63020  
A0074241

**Betty A. Davidson**  
**SRAHEC President**  
P O Box 718  
Old Town, Florida 32680  
Phone (904) 498-1327  
Health Service Occupation Instructor  
Dixie County School Board

**Jerone Gamble**  
**SRAHEC Vice-President**  
P O Box 1388  
Ocala, Florida 34478  
Phone (352) 854-2322 X1282  
Coordinator Health Programs  
Central Florida Community College

**Ellen Baier**  
**SRAHEC Secretary**  
P O Box 2228  
Alachua, Florida 32615  
Phone (904) 493-6700

**Paula L. Fugel**  
**SRAHEC Treasurer**  
P O Box 67  
Trenton, Florida 32693-0067  
Phone (352) 463-3207  
Director of Instructional Support  
Gilchrist County School Board

**Barbara Richardson**  
**SRAHEC Executive Director**  
P O Box 2157  
Alachua, Florida 32615  
Phone (904) 462-1551 Work  
Phone (904) 377-4520 Home

**Marilyn Mesh**  
**ACORN Clinic**  
Rt 1 Box 59  
Brooker, Florida 32622  
Phone (904) 485-2772  
Executive Director of  
ACORN Clinic

**Linda Johns**  
P O Box 1223  
Starke, Florida 32091  
Phone (904) 964-5027  
Starke City Clerk  
Board, Bradford Hospital

**Jana F. Hart**  
Rt 2 Box 15  
Mayo, Florida 32066  
Phone (904) 294-1279  
County Extension Director  
in Mayo (Lafayette County)  
Employed by UF

**Dwight Kamback**  
Rt 19 Box 1030  
Lake City, Florida 32025-8703  
Phone (904) 752-1822  
Director of Allied Health  
Lake City Community College

**Cliff Chapman**  
P O Box 548  
Gainesville, Florida 32602  
Phone (352) 384-3134  
Training Captain  
Alachua County Fire Rescue

**Ken McCall**  
1801 North Temple Ave  
Starke, Florida 32091  
Phone (904) 964-7732  
Administrator  
Bradford/Union  
County Health Department

**Alan Jameson**  
U of F AHEC Program  
P O Box 103581, JHMHC  
Phone (904) 395-8026  
Gainesville, Florida 32610

**Beth Sperring**  
P O Box 6030  
Live Oak, Florida 32060  
Phone (904) 362-2708  
Suwannee County Health Department  
ARNP

**Dr. Ocie Harris**  
Ex-Officio Member  
Director, U of F AHEC Program  
P O Box 103581, JHMHC  
Phone (904) 395-8026  
Gainesville, Florida 32610

**Tom Belcuore**  
Ex-Officio Member  
Alachua CPHU  
730 N Waldo Road  
Phone (904) 955-2356  
Gainesville, Florida 32601  
Deputy Dist. Admin for District 3  
Administrator Alachua CPHU

**Michael J. Vernacchio**  
Ex-Officio Member  
Family Medical & Dental Center  
P O Box 2110  
Keystone Heights, Florida 32656  
Phone (352) 473-6595  
Physician, Medical Director