

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-04-2000 90104 012 ****61.25

DOCUMENT # 728428

1. Entity Name

ADVISORY BOARD OF THE NORTH FLORIDA DISTRICT, CH

Principal Place of Business

Mailing Address

**4741 ATLANTIC BLVD
 STE E-4
 JAX FL 32207
 US**

**4741 ATLANTIC BLVD
 STE E-4
 JAX FL 32207-1138
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6543225

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

C0030789



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUNTER, D MOODY
 12508 MASTERS RIDGE DR
 BOX 519
 JACKSONVILLE FL 32225**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
SD	JENKINS, ORVILLE J	3930 UNIVERSITY BLVD S	JACKSONVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	PATRICK, MARK	4040 WOODCOCK DRIVE STE 230	JACKSONVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	STRICKLAND, IRA	1054 HARVEST COVE	JACKSONVILLE FL	<input checked="" type="checkbox"/>		HORNER, PAUL	7831 NW 35TH PLACE	GAINESVILLE, FL 32606	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P	GUNTER, D MOODY	12508 MASTERS RIDGE DR, BOX 519	JACKSONVILLE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	ACHESON, CHARLES D.	1420 TRAVELERS PALM	EDGEWATER FL 32132	<input type="checkbox"/>		DOUGLAS H. MILLS	3675 STIRLING DR.	TALLAHASSEE, FL 32308	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	SAWYER, ED	38328 CROWN PL	LADYLAKE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REQUARD R PATRICK, TRCAS. 2/29/00 904-396-5400

CR2E037 (9/99)