

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90822 048 *****80.00

0059874

DOCUMENT # 745980

1. Entity Name:

**SICKLE CELL DISEASE ASSOCIATION OF AMERICA NORTH
 EAST FLORIDA CHAPTER, INC.**

Principal Place of Business

Mailing Address

**1133 IONIA ST
 JACKSONVILLE FL 32206
 US**

**P.O BOX 4011
 JACKSONVILLE FL 32702
 US**

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

59-2582729

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

**SPATES, L. JEROME
 1133 IONA ST
 JACKSONVILLE FL 32202**

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	DP SPATES, JEROME L. 501 EAST BAY STREET JACKSONVILLE FL 32202	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, ANNETTA 154 WEST 28TH STREET JACKSONVILLE FL 32202	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HUGER, CURLUE 5341 SANTA ROSA WAY JACKSONVILLE FL 32211	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JB GREEN, BENJAMIN 7304 NATE CIRCLE JACKSONVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Charles B. McEntosh M.D. 4063 Ribault River Lane Jacksonville, FL 32208	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Rometa Porter 7737 Leuders Ave Jacksonville, FL 32209	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William O'Brien 1395 Avondale Ave Jacksonville, FL 32205	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	" ?	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 any address, with all other like empowered.

SIGNATURE:

Charles B. McEntosh, Treasurer

3/14/02

(904) 353-5137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)