

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 753206**

1. Entity Name  
**GREATER JACKSONVILLE AREA HOSPITAL COUNCIL, INC.**

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90032 018 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>900 UNIVERSITY BLVD STE 202 JACKSONVILLE FL 32211</b>	Mailing Address <b>900 UNIVERSITY BLVD STE 202 JACKSONVILLE FL 32211-5566</b>
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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 <b>59-2006024</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

**6. Name and Address of Current Registered Agent**

**BILELLO, LORI**  
**900 UNIVERSITY BLVD. N.**  
**SUITE 202**  
**JACKSONVILLE FL 32211**

**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 \_\_\_\_\_ (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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FORD, RAYMOND C</b>
STREET ADDRESS	<b>4901 RICHARDS ST</b>
CITY-ST-ZIP	<b>JACKSONVILLE BEACH FL 32207</b>
TITLE	<b>VD</b> <input type="checkbox"/> Delete
NAME	<b>FREEMAN, LARRY</b>
STREET ADDRESS	<b>800 PRUDENTIAL DRIVE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>DREWA, MARCUS</b>
STREET ADDRESS	<b>580 W 8TH ST</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SIMPSON, TIM</b>
STREET ADDRESS	<b>801 OAK ST</b>
CITY-ST-ZIP	<b>GREEN COVE SPRINGS FL 32043</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KREIGER, BOB</b>
STREET ADDRESS	<b>ORANGE PARK MEDICAL CENTER</b>
CITY-ST-ZIP	<b>ORANGE PARK FL</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	

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 REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00  
Date

Daytime Phone #

CR2E037 (9/99)