

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90090 030 ****61.25

DOCUMENT # 753206

1. Entity Name

GREATER JACKSONVILLE AREA HOSPITAL COUNCIL, INC.

Principal Place of Business

Mailing Address

**900 UNIVERSITY BLVD
 STE 110
 JACKSONVILLE FL 32211**

**900 UNIVERSITY BLVD
 STE 110
 JACKSONVILLE FL 32211**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2006024

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 Delete
 NAME **D FORD, RAYMOND C**
 STREET ADDRESS **4901 RICHARDS ST**
 CITY-ST-ZIP **JACKSONVILLE BEACH FL 32207**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD FREEMAN, LARRY**
 STREET ADDRESS **800 PRUDENTIAL DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T DREWA, MARCUS**
 STREET ADDRESS **580 W 8TH ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SIMPSON, TIM**
 STREET ADDRESS **801 OAK ST**
 CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D KREIGER, BOB**
 STREET ADDRESS **ORANGE PARK MEDICAL CENTER**
 CITY-ST-ZIP **ORANGE PARK FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **BOB FREEMAN** 2/26/02 (904) 202-8931

CR2E037 (9/01)