

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90127 026 \*\*\*\*61.25

**DOCUMENT # 753206**



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

Principal Place of Business

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

Mailing Address

**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**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                    |                                 |
|----------------|------------------------------------|---------------------------------|
| 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>              |                                 |
| TITLE          |                                    | <input type="checkbox"/> Delete |
| 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 |
| 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 |
| 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**

4/16/03

CR2E037 (10/02)