

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90078 024 ****61.25

DOCUMENT # 765788

1. Entity Name

HEALTH PLANNING COUNCIL OF NORTHEAST FLORIDA, IN

Principal Place of Business

Mailing Address

900 UNIVERSITY BLVD. N
 202
 JACKSONVILLE FL 32211
 US

900 UNIVERSITY BLVD. N
 202
 JACKSONVILLE FL 32211-5566
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2247189

Applied For

Not Applied

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 ABLVD 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	D	<input checked="" type="checkbox"/> Delete
NAME	LYLE, PAUL	
STREET ADDRESS	1435 NALDO AVE.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	GLICKSTEIN, GERALD	
STREET ADDRESS	2236 ST JOHNS AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARMOYEUX, LOUIS J., JR	
STREET ADDRESS	9558 KUHN RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VC	<input type="checkbox"/> Delete
NAME	HALLEN, JEROME	
STREET ADDRESS	4567 ST JOHNS BLUFF RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HENRY, JAMES	
STREET ADDRESS	1200 RIVERPLACE BLVD STE 701	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ED	<input type="checkbox"/> Delete
NAME	BILELLO, LORI	
STREET ADDRESS	2236 ST JOHNS AVE	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	Chairman (C)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor
NAME	Lee Ledbetter	
STREET ADDRESS	2334 Birdwood Drive	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	Director (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS	525 Shadow Lakes Boulevard	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS	4237 Salisbury Road, #308	
CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
NAME		
STREET ADDRESS	900 University Blvd. N., Suite 202	
CITY-ST-ZIP	Jacksonville, FL 32211	

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:

Lee Ledbetter
REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 10, 2000 *904-745-3050*
 Date Daytime Phone #