

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90254 039 ****61.25

DOCUMENT # N01000000513

1. Entity Name
NONPROFIT CENTER OF NORTHEAST FLORIDA, INC.



Principal Place of Business
2905 GRAND AVE
JACKSONVILLE FL 32210

Mailing Address
2905 GRAND AVE
JACKSONVILLE FL 32210

2. Principal Place of Business
1300 Riverplace Boulevard
Suite, Apt. #, etc.
Suite 320

3. Mailing Address
1300 Riverplace Boulevard
Suite, Apt. #, etc.
Suite 320

City & State
Jacksonville, FL
Zip
32207

City & State
Jacksonville, FL
Zip
32207

Country
U.S.A.

Country
U.S.A.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3700428**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAME, PETER L
1301 RIVERPLACE BLVD STE 1500
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name **Jonathan Lever**
Street Address (P.O. Box Number is Not Acceptable) **1300 Riverplace Boulevard**
Suite 320
City **Jacksonville** **FL** **Zip Code** **32207**

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]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/03

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

TITLE **D** ☐ Delete
NAME **CHEPENIK, LOIS**
STREET ADDRESS **2434 ATLANTIC BLVD STE 100**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ Delete
NAME **DAME, JILL L**
STREET ADDRESS **2905 GRAND AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **D** ☐ Delete
NAME **DUBOW, LAWRENCE J**
STREET ADDRESS **4801 EXECUTIVE PARK CT STE 100**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D** ☐ Delete
NAME **HODGES, CONNIE**
STREET ADDRESS **1300 RIVERPLACE BLVD STE 500**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☒ Delete
NAME **FRANKLIN JR, FRED**
STREET ADDRESS **50 N LAURA ST STE 3900**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** ☐ Delete
NAME **Bryan, JF**
STREET ADDRESS **3201 Independent Square**
CITY-ST-ZIP **Jacksonville, FL 32202**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Carley, Betty**
STREET ADDRESS **5423 Sanders Road**
CITY-ST-ZIP **Jacksonville, FL 32277**

TITLE **D** ☐ Change ☒ Addition
NAME **Cramer, Charles**
STREET ADDRESS **751 Riverside Avenue**
CITY-ST-ZIP **Jacksonville, FL 32203-0809**

TITLE **D** ☐ Change ☒ Addition
NAME **Hipps, Alberta**
STREET ADDRESS **117 West Duval Street, Suite 425**
CITY-ST-ZIP **Jacksonville, FL 32202**

TITLE **D** ☐ Change ☒ Addition
NAME **Korn, Michael**
STREET ADDRESS **P.O. Box 5507000**
CITY-ST-ZIP **Jacksonville, FL 32255**

TITLE **D** ☐ Change ☒ Addition
NAME **Lee, Robert**
STREET ADDRESS **1131 North Laura Street**
CITY-ST-ZIP **Jacksonville, FL 32208**

TITLE **D** ☐ Change ☒ Addition
NAME **Moran, Audrey**
STREET ADDRESS **117 W. Duval Street**
CITY-ST-ZIP **Jacksonville, FL 32202**

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 another like empowered.

SIGNATURE:

[Signature]
SIGNATURE REQUIRED

904.390.3230

CR2E037 (10/02)

ATTACHMENT
10084562
NO10000000513

FEI Number
59-3700428

**NONPROFIT CENTER OF NORTHEAST FLORIDA, INC.
ADDITIONAL BOARD OF DIRECTORS**

Additional Board Members :

D

Ms. Davy Parrish
1824 Pearl Street
Jacksonville, FL 32203

D

Ms. Marlene M. Spalten
7400 San Jose Boulevard
Jacksonville, FL 32217

D

Mrs. Susan Towler
4800 Deerwood Campus Parkway
Building 300, 4th Floor
Jacksonville, FL 32246-8273

D

Mr. Robert White
300 West Water Street, Suite 201
Jacksonville, FL 32202