

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000001562

FILED  
Apr 24, 2003  
Secretary of State

**Entity Name:** TRI-STATES CHAPTER OF THE AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS, INC.

**Current Principal Place of Business:**

1000 RIVERSIDE AVE.  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

1000 RIVERSIDE AVE.  
JACKSONVILLE, FL 32204

**New Mailing Address:**

FEI Number: 56-6597275      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NULAND, CHRISTOPHER L  
1000 RIVERSIDE AVE.  
JACKSONVILLE, FL 32204

**Name and Address of New Registered Agent:**

JONES, DONALD C  
1000 RIVERSIDE AVE.  
SUITE 205  
JACKSONVILLE, FL 32204 US

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: DONALD C. JONES

04/24/2003

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: ANDREWS, SAMUEL II  
Address: 1000 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D      ( ) Delete  
Name: EVANS, ROBERT  
Address: 1000 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D      ( ) Delete  
Name: TRIPPE, BRUCE  
Address: 1000 RIVERSIDE AVE.  
City-St-Zip: JACKSONVILLE, FL 32204

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: M      ( ) Change (X) Addition  
Name: JONES, DONALD C  
Address: 1000 RIVERSIDE AVE. SUITE 205  
City-St-Zip: JACKSONVILLE, FL 32204 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD C. JONES

M

04/24/2003

Electronic Signature of Signing Officer or Director

Date