

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705467

1. Entity Name

CEREBRAL PALSY OF NORTHEAST FLORIDA, INC.

Principal Place of Business

Mailing Address

3311 BEACH BLVD  
JACKSONVILLE FL 32207

3311 BEACH BLVD  
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-0718304

Applied For  
Not Applicable

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

SMITH, HULSEY & BUSEY  
1800 FIRST UNION NATIONAL BANK  
225 WATER STREET  
JACKSONVILLE FL 32202

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 VCD  
NAME ROSS, BRENT D  
STREET ADDRESS 4153 TORINO PLACE  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE CD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE P  
NAME HAYDEN, HOLLY  
STREET ADDRESS 2466 SEDGWICK PL  
CITY-ST-ZIP JACKSONVILLE FL 32217 ☐ Delete

TITLE  
NAME Peters, Holly  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D  
NAME SHANKS, DANIEL E  
STREET ADDRESS 3276 HIDDEN LAKE DR  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME NASSEA, SANDRA  
STREET ADDRESS 299 S. ROSCOR RD  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CD  
NAME HURST, GERALD F  
STREET ADDRESS 1550 HENDRICKS AVE  
CITY-ST-ZIP JACKSONVILLE FL 32207 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME FRIEDLINE, KAREN  
STREET ADDRESS 1756 UNIVERSITY BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32216 ☒ Delete

TITLE DS  
NAME Stutts, Mary  
STREET ADDRESS 1709 Leeward Lane  
CITY-ST-ZIP Neptune Beach, FL 32266 ☐ Change ☒ Addition

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: *Holly Peters*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02 9043691462



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

59-0718304

Cerebral Palsy of NE FL, Inc.  
3311 Beach Boulevard  
Jacksonville, FL 32207

Attachment  
#705467

325518

D  
Akers, James E.  
8629 Royalwood Drive  
Jacksonville, Florida 32256  
Hospice of Jax

VPD  
Cannon, Kimberly  
Ford & Harrison  
121 W. Forsyth St. Suite 1000  
Jacksonville, Florida 32202

D  
Fishburne, John (Jack)  
1548 Lancaster Terrace  
Jacksonville, Florida 32204

D  
Kirkland, Diane  
1008 Nicholson Road  
Jacksonville, Florida 32207

D  
Nasca, Sandra  
299 S. Roscoe Blvd  
Ponte Vedra Beach Fl 32082

D  
Shargas, Daniel  
8228 Virgo St  
Jacksonville, Florida 32216

D  
Starling, Pete  
5414 Santa Rosa Way  
Jacksonville, Florida 32211