

**2001- UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 708911**

1. Entity Name

**PLANNED PARENTHOOD OF NORTHEAST FLORIDA, INC.**

Principal Place of Business

**3850 BEACH BLVD  
JACKSONVILLE FL 32207  
US**

Mailing Address

**3850 BEACH BLVD  
JACKSONVILLE FL 32207  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1061757**

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

**LANIER, WANDA  
568 SEASPRAY AVE  
ATLANTIC BEACH FL 32233**

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**

8120-20-010

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          | PD                           | <input type="checkbox"/> Delete |
| NAME           | SMITH, LINDA L               |                                 |
| STREET ADDRESS | 1301 RIVERPLACE BLVD STE 600 |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32207        |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | TD                    | <input type="checkbox"/> Delete |
| NAME           | DRAKE, BARBARA        |                                 |
| STREET ADDRESS | 1614 S EDGEWOOD AVE   |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL 32205 |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PD                     | <input type="checkbox"/> Delete |
| NAME           | BUCKINGHAM, JULIE      |                                 |
| STREET ADDRESS | 3019 GRAND AVENUE      |                                 |
| CITY-ST-ZIP    | JACKSONVILLE, FL 00000 |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | VD                          | <input type="checkbox"/> Delete |
| NAME           | SEKINE, KENNETH M D         |                                 |
| STREET ADDRESS | 836 PRUDENTIAL DR., STE 802 |                                 |
| CITY-ST-ZIP    | JACKSONVILLE FL             |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | PD                | <input type="checkbox"/> Delete |
| NAME           | LANE, BARNEY      |                                 |
| STREET ADDRESS | 1735 BEACH AVE.   |                                 |
| CITY-ST-ZIP    | ATLANTIC BEACH FL |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | MD                      | <input type="checkbox"/> Delete |
| NAME           | LANIER, WANDA           |                                 |
| STREET ADDRESS | 568 SEASPRAY AVE        |                                 |
| CITY-ST-ZIP    | ATLANTIC BEACH FL 32233 |                                 |

|                |  |   |
|----------------|--|---|
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90097 044 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

0011203

CR2E037 (10/00)