

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726901

1. Entity Name

THE SPINA BIFIDA ASSOCIATION OF JACKSONVILLE, IN

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90248 017 \*\*\*\*70.00

Principal Place of Business

NEMOURS CHILDRENS HOSPITAL  
 JACKSONVILLE FL 32247

Mailing Address

807 NIRA ST  
 PO BOX 5720  
 JACKSONVILLE FL 32247-5720

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

23-7432288

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

KING, STEPHANIE  
 807 NIRA ST PO BOX 5720  
 JACKSONVILLE FL 32247

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 KING, STEPHANIE  
 807 NIRA ST PO BOX 5720  
 JACKSONVILLE FL 32247 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 C  
 LEWIS, LIVINGSTON  
 5201 ATLANTIC BOULEVARD #228  
 JACKSONVILLE FL 32207 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Lewis Livingston  
 P.O. Box 1949  
 Jacksonville, FL 32231 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 IRAN, MIKE  
 6620 S POINT DR S STE 200  
 JACKSONVILLE FL 32216 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Mike Ivan  
 One Independent Drive, Suite 2600  
 Jacksonville, FL 32202 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 C  
 MORELAND, HENRY  
 4247 POINT LA VISTA ROAD W  
 JACKSONVILLE FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Suzanne Connors  
 4247 Point La Vista Road West  
 Jacksonville, FL 32207-6247 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 DOLAN, JAMES  
 4802 DEERLAKE DRIVE EAST  
 JACKSONVILLE FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☒ Addition  
 32246-6484

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DVC  
 BLACKBURN, DENNIS ESQ  
 225 W. WATER ST., STE-18  
 JACKSONVILLE FL ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ 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:

*Stephanie King*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #