

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731047

1. Entity Name

EMERGENCY PREGNANCY SERVICES OF JACKSONVILLE, IN

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90040 047 ****61.25

Principal Place of Business

Mailing Address

1555 OAK STREET
JACKSONVILLE FL 32204

1555 OAK STREET
JACKSONVILLE FL 32204-3910

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

59-1728087

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

STELMA, JOSEPH J
1149 SECOND ST
JACKSONVILLE BCH FL 32250

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 TD ☒ Delete
NAME SVENDSEN, PATSY
STREET ADDRESS P.O. BOX 14877 N/A
CITY-ST-ZIP JACKSONVILLE FL 32238

TITLE ~~SECRETARY / BOD~~ ☒ Change ☐ Addition
NAME REBEKAH DUVALL
STREET ADDRESS 8618 Villa San Jose DR E.
CITY-ST-ZIP Jacksonville FL 32217

TITLE PBOD ☐ Delete
NAME STELMA, JOSEPH J
STREET ADDRESS 1149 SECOND ST
CITY-ST-ZIP JACKSONVILLE BCH FL 32250

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

TITLE S/BD ☒ Delete
NAME HEEKIN, MARY L
STREET ADDRESS 1319 MONTICELLO ROAD
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☒ Change ☐ Addition
NAME SECRETARY / BOD
STREET ADDRESS DONNA LETELLIER
CITY-ST-ZIP 1700 First Street
Neptune Beach, FL 32233

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME TREASURER / BOD
STREET ADDRESS DAVID HESS
CITY-ST-ZIP 3295 OLD BARN RD E
Ponte Vedra Bch, FL 32082

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

2/2/00 904-247-3236

CR2E037 (9/99)