

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740340

1. Entity Name

JACKSONVILLE AREA PHYSICIANS FOR BETTER GOVERNMENT

Principal Place of Business

1075 RIVERSIDE AVE  
#190  
JACKSONVILLE FL 32204  
US

Mailing Address

P. O. BOX 40023  
JACKSONVILLE FL 32203-0023  
US

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

59-1805614

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

GILBERT, PHILIP H.  
1045 RIVERSIDE AVE  
#190  
JACKSONVILLE FL 32204

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 PD  
NAME DOLAN, JAMES  
STREET ADDRESS 4555 EMERSON EXPY #100  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME HARMON, W A  
STREET ADDRESS 1610 BARRS ST  
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME MCLAUGHLIN, MARK  
STREET ADDRESS 4500 SAN PABLO RD  
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME MASON, W G  
STREET ADDRESS 807 NIRA ST  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT  
NAME SCHOU, MARK J. CPA  
STREET ADDRESS 4496 SOUTHSIDE BLVD., #200  
CITY-ST-ZIP JACKSONVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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: *Philip H. Gilbert*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-06 355-6501

Date

Daytime Phone #

FILED  
Apr 10, 2000 8:00 am  
Secretary of State

04-10-2000 90064 021 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)