

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90053 050 ****61.25

DOCUMENT # 745062

1. Entity Name

COMMUNITY HOSPICE OF NORTHEAST FLORIDA, INC.

Principal Place of Business

Mailing Address

**THE EARL B. HADLOW CENTER FOR CARING
 4266 SUNBEAM RD.
 JACKSONVILLE FL 32257**

**THE EARL B. HADLOW CENTER FOR CARING
 4266 SUNBEAM RD.
 JACKSONVILLE FL 32257-6030**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1940256

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PONDER-STANSEL, SUSAN
 4266 SUNBEAM ROAD
 JACKSONVILLE FL 32257**

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	CD	<input type="checkbox"/> Delete
NAME	O'REILLY, JIM	
STREET ADDRESS	13747 HOPE SOUND CT	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCGOVERN, PATRICK	
STREET ADDRESS	293 RIDGELINE CT	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MALLET, RON	
STREET ADDRESS	2716 VICTORIAN OAKS DR	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHWEITZER, BOB	
STREET ADDRESS	P.O. BOX 990 N/A	
ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KORMAN, JOY	
STREET ADDRESS	6784 LINFORD LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jack Diamond	
STREET ADDRESS	1301 Riverplace Blvd. Suite 500	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rev. Jack Snell	
STREET ADDRESS	4001 Hendricks Ave.	
CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harry Reinstine	
STREET ADDRESS	3520 Richmond St.	
CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jack Logue	
STREET ADDRESS	St. Vincents Medical Center 1800 Barrs St.	
CITY-ST-ZIP	Jacksonville, FL 32204	
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

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-2000

Date

Daytime Phone #

CR2E037 (9/99)