

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

0013596

**DOCUMENT # 745062**

1. Entity Name

**COMMUNITY HOSPICE OF NORTHEAST FLORIDA, INC.**

02-05-2001 90014 043 \*\*\*\*61.25

Principal Place of Business

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

Mailing Address

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

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

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

*Susan Ponder-Stansel*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-24-2001**

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** ☒ Delete  
 NAME **O'REILLY, JIM**  
 STREET ADDRESS **13747 HOPE SOUND CT**  
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

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

TITLE **VD** ☐ Delete  
 NAME **DIAMOND, JACK**  
 STREET ADDRESS **1301 RIVERPLACE BLVD STE 500**  
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

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

TITLE **VD** ☒ Delete  
 NAME **SNELL, JACK REV**  
 STREET ADDRESS **4001 HENDRICKS AVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **VD** ☐ Change ☒ Addition  
 NAME **McGovern, Pat**  
 STREET ADDRESS **293 Ridgeline Court**  
 CITY-ST-ZIP **Orange Park, FL 32065**

TITLE **TD** ☒ Delete  
 NAME **REINSTINE, HARRY**  
 STREET ADDRESS **3520 RICHMOND ST**  
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **TD** ☐ Change ☒ Addition  
 NAME **Solberg, Lawrence**  
 STREET ADDRESS **4500 San Pablo Road**  
 CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE **SD** ☐ Delete  
 NAME **LOGUE, JACK**  
 STREET ADDRESS **1800 BARRS ST ST VINCENTS MED CTR**  
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **CD** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition  
 NAME **Thompson, Carol**  
 STREET ADDRESS **800 Prudential Drive**  
 CITY-ST-ZIP **Jacksonville FL 32207**

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:

*Susan Ponder-Stansel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)