

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

DOCUMENT # 751080

1. Entity Name

THE CHILDBIRTH EDUCATION ASSOCIATION OF JACKSONV

Principal Place of Business

9143 PHILIPS HWY SUITE 350
JACKSONVILLE FL 32256

Mailing Address

9143 PHILIPS HWY SUITE 350
JACKSONVILLE FL 32256-1812

2. Principal Place of Business

8130 BAYMEADOWS CIR.

Suite, Apt. #, etc.

#108

City & State

Jacksonville Florida

Zip

32256

Country

U.S.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

23-7182003

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MYRICK, SALLY
9143 PHILIPS HWY SUITE 350
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8130 BAYMEADOWS CIR. W #108

City

Jacksonville

FL

Zip Code

32256

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

TITLE D
NAME REYNOLDS, JO ELLEN
STREET ADDRESS 9143 PHILIPS HWY, SUITE 350
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE D
NAME ABDULLAH, EGYTHE
STREET ADDRESS 9143 PHILIPS HWY SUITE 350
CITY-ST-ZIP JACKSONVILLE FL 32256 ☒ Delete

TITLE T
NAME RICHARDSON, LAUREL
STREET ADDRESS 9143 PHILIPS HWY SUITE 350
CITY-ST-ZIP JACKSONVILLE FL 32256 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME REYNOLDS, JO ELLEN ☒ Change ☐ Addition
STREET ADDRESS 8130 BAYMEADOWS CIR. W #108
CITY-ST-ZIP JACKSONVILLE, FL 32256

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

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

TITLE J
NAME JACOBS, JEFF ☐ Change ☒ Addition
STREET ADDRESS 8130 BAYMEADOWS CIR. W #108
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE D
NAME PILLAY, MONTEEN ☐ Change ☒ Addition
STREET ADDRESS 8130 BAYMEADOWS CIR. W #108
CITY-ST-ZIP JACKSONVILLE, FL 32256

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00 9044284724
Date Daytime Phone #

CR2E037 (9/99)