

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753206

1. Entity Name

GREATER JACKSONVILLE AREA HOSPITAL COUNCIL, INC.

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90090 030 \*\*\*\*61.25

Principal Place of Business

Mailing Address

900 UNIVERSITY BLVD  
STE 110  
JACKSONVILLE FL 32211

900 UNIVERSITY BLVD  
STE 110  
JACKSONVILLE FL 32211

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

59-2006024

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

7. Name and Address of New Registered Agent

BILELLO, LORI  
900 UNIVERSITY BLVD. N.  
SUITE 202  
JACKSONVILLE FL 32211

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	D	<input type="checkbox"/> Delete
NAME	FORD, RAYMOND C	
STREET ADDRESS	4901 RICHARDS ST	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32207	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FREEMAN, LARRY	
STREET ADDRESS	800 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	T	<input type="checkbox"/> Delete
NAME	DREWA, MARCUS	
STREET ADDRESS	580 W 8TH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMPSON, TIM	
STREET ADDRESS	801 OAK ST	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	D	<input type="checkbox"/> Delete
NAME	KREIGER, BOB	
STREET ADDRESS	ORANGE PARK MEDICAL CENTER	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Larry Freeman*  
LARRY D. FREEMAN 2/26/02 (904) 202-8731

CR2E037 (9/01)