

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000010

1. Entity Name

THE ASSOCIATION OF FLORIDA CHILDREN'S HOSPITALS,

Principal Place of Business

800 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207

Mailing Address

800 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207

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

☒ 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

FREEMAN, LARRY J
WOLFSON CHILDREN'S HOSPITAL
800 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete
NAME WILKINSON, ALBERT H JR.
STREET ADDRESS 800 PRUDENTIAL DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE VD ☐ Delete
NAME HOWELL, R. RODNEY
STREET ADDRESS 800 PRUDENTIAL DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE STD ☐ Delete
NAME AUBIN, MICHAEL D
STREET ADDRESS 800 PRUDENTIAL DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☐ Delete
NAME BARRETT, DOUGLAS
STREET ADDRESS 800 PRUDENTIAL DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☐ Delete
NAME ELLIS, MICHAEL
STREET ADDRESS 800 PRUDENTIAL DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

Albert H. Wilkinson Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/2000 904 398-3024