

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000216

1. Entity Name

LIFESTREAM JACKSONVILLE, INC.

FILED

May 23, 2002 8:00 am
Secretary of State

05-23-2002 90005 035 ****70.00

Principal Place of Business

6015 CHESTER CIRCLE
111
JACKSONVILLE FL 32217

Mailing Address

Chester
6015 CHESTER CIRCLE
111
JACKSONVILLE FL 32217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

543700440
593580400

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALTMAN, NANCY
6015 CHESTER CIRCLE
111
JACKSONVILLE FL 32217

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 ~~ED~~
NAME ~~MCCARY, REGINA~~
STREET ADDRESS ~~6015 CHESTER CIRCLE #111~~
CITY-ST-ZIP ~~JACKSONVILLE FL 32217~~

☒ Delete

TITLE ~~D~~
NAME ~~MICHAELS, TRISH~~
STREET ADDRESS ~~2711 HENDRICKS AVE~~
CITY-ST-ZIP ~~JACKSONVILLE FL 32207~~

☒ Delete

TITLE ~~D~~
NAME ~~LEMASTERS, DAWN~~
STREET ADDRESS ~~253 SHELL BLUFF CT.~~
CITY-ST-ZIP ~~PONTE VEDRA BEACH FL 32082~~

☒ Delete

TITLE ~~P~~
NAME ~~ALTMAN, NANCY H~~
STREET ADDRESS ~~1142 MORVENWOOD ROAD~~
CITY-ST-ZIP ~~JACKSONVILLE FL 32207~~

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE ~~Treasurer~~
NAME ~~J.T. Rhodes~~
STREET ADDRESS ~~5150 Belfort Rd Bldg 300~~
CITY-ST-ZIP ~~Jacksonville, FL 32256~~

☐ Change ☒ Addition

TITLE ~~V.P.~~
NAME ~~David Keel~~
STREET ADDRESS ~~4582 Whispering Fuler Dr.~~
CITY-ST-ZIP ~~Jacksonville, FL 32277~~

☐ Change ☒ Addition

TITLE ~~J. Scott~~
NAME ~~Jay Sutherland~~
STREET ADDRESS ~~920 Sorrento Rd.~~
CITY-ST-ZIP ~~Jacksonville, FL 32207~~

☐ Change ☒ Addition

TITLE ~~President~~
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ~~D~~
NAME ~~David & Art Balanky~~
STREET ADDRESS ~~12521 Aladdin Road~~
CITY-ST-ZIP ~~Jacksonville, FL 3223~~

☐ Change ☒ Addition

TITLE ~~D~~
NAME ~~Michaela Miller~~
STREET ADDRESS ~~1419 River Oaks Road~~
CITY-ST-ZIP ~~Jacksonville, FL 32207~~

☐ 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:

J. Rhodes

4-30-02

904-296-9055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)