

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19335

1. Entity Name

NORTHEAST FLORIDA CHAPTER, FLORIDA PLANNING AND

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90194 040 ****61.25

Principal Place of Business

Mailing Address

1900 CORPORATE SQ BLVD
JACKSONVILLE FL 32216
US

1900 CORPORATE SQ BLVD
JACKSONVILLE FL 32216-1941
US

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

59-2664591

Applied For

Not Applicable

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

SMITH, DON
1900 CORPORATE SQ BLVD
JACKSONVILLE FL 32216

Name

STEVEN G. LINDORFF

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

11 NORTH 3RD STREET

City

JACKSONVILLE BEACH FL

Zip Code

32250

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

4/30/2000

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 P ☐ Delete
NAME CROWE, THAD
STREET ADDRESS 8101 PHILLIPS HWY -STE 100
CITY-ST-ZIP JACKSONVILLE FL 32256

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

TITLE T ☐ Delete
NAME SMITH, DON
STREET ADDRESS 1900 CORPORATE SQUARE BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32216

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

TITLE S ☐ Delete
NAME EVANS, VALERIE
STREET ADDRESS 1900 CORPORATE SQ. BLVD
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE V ☐ Delete
NAME LINDORFF, STEVEN
STREET ADDRESS 11 NORTH 3RD STREET
CITY-ST-ZIP JACKSONVILLE BEACH FL

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

TITLE D ☐ Delete
NAME SKINNER, AMY
STREET ADDRESS 7899 BAYMEADOWS WAY- STE 5
CITY-ST-ZIP JACKSONVILLE FL 32216

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

TITLE D ☐ Delete
NAME DIVINDOL, GARY
STREET ADDRESS 200 W. FORSYTH ST -STE 1400
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ Change ☐ 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

4/30/2000 (904) 247-6231

Date

Daytime Phone #