

2000 UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # N19335

1. Entity Name

NORTHEAST FLORIDA CHAPTER, FLORIDA PLANNING AND

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



DO NOT WRITE IN THIS SPACE

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

DATE **4/30/2000**

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	P	<input type="checkbox"/> Delete
NAME	CROWE, THAD	
STREET ADDRESS	8101 PHILLIPS HWY -STE 100	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, DON	
STREET ADDRESS	1900 CORPORATE SQUARE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	S	<input type="checkbox"/> Delete
NAME	EVANS, VALERIE	
STREET ADDRESS	1900 CORPORATE SQ. BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	LINDORFF, STEVEN	
STREET ADDRESS	11 NORTH 3RD STREET	
CITY-ST-ZIP	JACKSONVILLE BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SKINNER, AMY	
STREET ADDRESS	7899 BAYMEADOWS WAY- STE 5	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIVINDOL, GARY	
STREET ADDRESS	200 W. FORSYTH ST -STE 1400	
CITY-ST-ZIP	JACKSONVILLE FL 32202	

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

DATE **4/30/2000** (904) 297-6231

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #