

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28476

1. Entity Name

EMPLOYEE BENEFITS COUNCIL OF NORTHEAST FLORIDA.

FILED

Sep 15, 2000 8:00 am  
Secretary of State

09-15-2000 90003 038 \*\*\*\*61.25

Principal Place of Business

101 CENTURY 21 DR  
STE 202  
JACKSONVILLE FL 32216  
US

Mailing Address

101 CENTURY 21 DR  
STE 202  
JACKSONVILLE FL 32216  
US

c/o J. Bingler  
1301 Riverplace Blvd  
Suite 2400  
Jacksonville FL 32207-9071



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1301 Riverplace Blvd  
Suite, Apt. #, etc.  
2400

3. Mailing Address

1301 Riverplace Blvd  
Suite, Apt. #, etc.  
2400

City & State

Jacksonville FL 32207-9071

City & State

Jacksonville FL 32207-9071

4. FEI Number

59-2910155

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, DALE F  
101 CENTURY 21 DRIVE, SUITE 202  
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name  
Judith Bingler  
Street Address (P.O. Box Number is Not Acceptable)  
1301 Riverplace Blvd. Suite 2400  
City  
Jacksonville FL Zip Code  
32207-9071

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 *Shirley Bingler*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9.5.00.

DATE

FILE NOW: FEE IS \$61.25  
After September 13, 2000 min. will be \$236.25

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

T  
NAME SMITH, DALE  
STREET ADDRESS 101 CENTURY 21 DRIVE, SUITE 202  
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

S  
NAME CARROLL, JO  
STREET ADDRESS 101 CENTURY 21 DR, STE 202  
CITY-ST-ZIP JACKSONVILLE FL 32216 ☒ Delete

D  
NAME ZILLGET, KARL  
STREET ADDRESS 3333 ATLANTIC BLVD  
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

D  
NAME LAHNEN, WILLIAM R JR  
STREET ADDRESS 6622 SOUTHPOINT DR S SUITE 495  
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

PD  
NAME DORSA, LORRAINE  
STREET ADDRESS 419 N THIRD ST  
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T  
NAME Judith Bingler  
STREET ADDRESS 1301 Riverplace Blvd  
CITY-ST-ZIP Jacksonville FL 32207-9071 ☒ Change ☐ Addition

J  
NAME Jennifer Yates  
STREET ADDRESS 50 N. Laura Street, Suite 400  
CITY-ST-ZIP Jacksonville FL 32202 ☐ Change ☒ Addition

D  
NAME Dorothy Breakstone  
STREET ADDRESS 7 E. Congress Street, Suite 203-B  
CITY-ST-ZIP SAVANNAH GA ☐ Change ☒ Addition

D  
NAME Stuart Mack  
STREET ADDRESS 9440 Phillips Highway, Suite 6  
CITY-ST-ZIP Jacksonville Florida 32256 ☐ Change ☒ Addition

☐ Change ☐ Addition

V  
NAME BARBARA SANCHEZ-SALAZAR  
STREET ADDRESS 5800 Bench Blvd, Suite 203  
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: *Shirley Bingler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/5/00  
Date

399-2939  
Daytime Phone #

CR2E037 (5/00)