

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90077 005 \*\*\*\*61.25

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DOCUMENT # N28476

1. Entity Name

EMPLOYEE BENEFITS COUNCIL OF NORTHEAST FLORIDA,

Principal Place of Business

1301 RIVERPLACE BLVD  
2400  
JACKSONVILLE FL 32207-9071  
US

Mailing Address

1301 RIVERPLACE BLVD  
2400  
JACKSONVILLE FL 32207-9071  
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

59-2910155

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

BINGLER, JUDITH  
1301 RIVERPLACE BLVD STE 2400  
JACKSONVILLE FL 32207

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

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

T  
TITLE NAME JUDITH BINGLER ☐ Change ☒ Addition  
STREET ADDRESS 1301 RIVERPLACE BLVD Suite 2400  
CITY-ST-ZIP JACKSONVILLE FL 32207-9071

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

S  
TITLE NAME SUE HARDEN - GARBER CO. ☐ Change ☒ Addition  
STREET ADDRESS SUNGUARD CORP  
CITY-ST-ZIP 1600 PRUDENTIAL DRIVE JACKSONVILLE FL 32207-8197

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

VP - D.  
TITLE NAME LYNN HARDEN - CITISTREET ☐ Change ☒ Addition  
STREET ADDRESS 8900 FREEDOM COMMERCE PKWAY  
CITY-ST-ZIP JACKSONVILLE FL 32256

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

D  
TITLE NAME BARBARA SANCHEZ-SALAZAR ☐ Change ☐ Addition  
STREET ADDRESS 5800 BENCH BLVD STE 203  
CITY-ST-ZIP JACKSONVILLE FL 32207

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

PD  
TITLE NAME RAY WILLIAMS ☐ Change ☒ Addition  
STREET ADDRESS 419 N THIRD ST 484 JACKSONVILLE DR  
CITY-ST-ZIP JACKSONVILLE BENCH FL 32250

☐ Delete  
TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE 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

Date

Daytime Phone #

CR2E037 (10/00)