

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2000 08:00 AM
Secretary of State

DOCUMENT # N34922

1. Entity Name

JACKSONVILLE CHAPTER, SOCIETY FOR HUMAN RESOURCE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

P.O. BOX 551682

P.O. BOX 551682

JACKSONVILLE

FL

JACKSONVILLE

FL

322551682

US

322551682

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

59-2619689

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

MCCORMACK PATRICK
10417 DEERFOOT LANE N

JACKSONVILLE
32257

FL

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.)

04/28/2000

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 S ☐ Delete
NAME MARGULIS RICHARD
STREET ADDRESS PO BOX 4099 N/A
CITY-ST-ZIP JACKSONVILLE FL 32201

TITLE V ☒ Change ☐ Addition
NAME CORSE MICHELLE
STREET ADDRESS 7077 BONNEVAL ROAD, SUITE 200
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE D ☐ Delete
NAME KULKA LINDA
STREET ADDRESS 2000-1 HENDRICKS AVE. STE. 29
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D ☒ Change ☐ Addition
NAME LOUGHERY SHELLY
STREET ADDRESS 4427 EMERSON STREET BLDG 3, SUITE 5
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE V ☐ Delete
NAME MCCORMACK PATRICK
STREET ADDRESS P.O. BOX 57122 N/A
CITY-ST-ZIP JACKSONVILLE FL 32241

TITLE V ☒ Change ☐ Addition
NAME PULMANO SHERWIN
STREET ADDRESS ONE RIVERSIDE AVENUE
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE P ☐ Delete
NAME WAPLES ELAINE
STREET ADDRESS 1301 RIDGEWOOD BLVD STE 700
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE P ☒ Change ☐ Addition
NAME MCCORMACK PATRICK
STREET ADDRESS 10417 DEERFOOT LANE NORTH
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE D ☐ Delete
NAME STECKNER CATHERINE
STREET ADDRESS 8381 DIX ELLIS TRAIL STE 400
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☒ Change ☐ Addition
NAME DUVAL JOHN
STREET ADDRESS 121 WEST FORSYTH STREET, SUITE 1000
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE T ☐ Delete
NAME HUGHES JOAN
STREET ADDRESS 3027 SAN DIEGO RD
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE T ☒ Change ☐ Addition
NAME STECKNER CATHERINE
STREET ADDRESS 8381 DIX ELLIS TRAIL STE 400
CITY-ST-ZIP JACKSONVILLE FL 32256

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.