

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
 05-04-2001 90004 018 ****61.25

0013427

DOCUMENT # N34922

1. Entity Name

JACKSONVILLE CHAPTER, SOCIETY FOR HUMAN RESOURCE

Principal Place of Business

P.O. BOX 551682
 JACKSONVILLE FL 32255-1682
 US

Mailing Address

P.O. BOX 551682
 JACKSONVILLE FL 32255-1682
 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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCORMACK, PATRICK
10417 DEERFOOT LANE N
JACKSONVILLE FL 32257

Name

John E. Duvall, Esquire

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

121 W. Forsyth Street, Suite 1000

City

Jacksonville

FL

Zip Code
32202

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

John E. Duvall

4/27/01

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

TITLE **V** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **DUVALL, JOHN**
 STREET ADDRESS **121 WEST FORSYTH STREET, SUITE 1000**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

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

TITLE **P** ☒ Delete
 NAME **MCCORMACK, PATRICK**
 STREET ADDRESS **10417 DEERFOOT LANE NORTH**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **T** ☐ Change ☒ Addition
 NAME **Cindy Persico**
 STREET ADDRESS **4190 Belfort RD, STE 140**
 CITY-ST-ZIP **Jacksonville, FL 32216**

TITLE **V** ☒ Delete
 NAME **PULMANO, SHERWIN**
 STREET ADDRESS **ONE RIVERSIDE AVENUE**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **V** ☐ Change ☒ Addition
 NAME **Jason Sears, PHR**
 STREET ADDRESS **1301 Riverplace BLVD, STE 700**
 CITY-ST-ZIP **Jacksonville, FL 32207**

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

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

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

TITLE **P** ☒ 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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **John E. Duvall**

4/27/01

904-356-8073

CR2E037 (10/00)