

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90120 045 ****61.25

DOCUMENT # N47646

1. Entity Name

SOUTHEAST CHAPTER, R&LHS, INC.

Principal Place of Business

Mailing Address

2885 CIRCLE RIDGE DR
 ORANGE PARK FL 32065
 US

P. O. BOX 664
 JACKSONVILLE FL 32201-0664
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3129097

Applied For

Not Applicable

Zip

Country

Zip

Country

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, JAMES A.
2885 CIRCLE RIDGE DR
ORANGE PARK FL 32065

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	SMITH, JAMES A	2885 CIRCLE RIDGE DR	ORANGE PARK FL				
VP	HOWES, WILLIAM F JR.	3454 CORMORANT COVE DR	JACKSONVILLE FL				
T	WILK, JAMES H.	2900 EMERSON EXPRESSWAY	JACKSONVILLE FL 32207				
SD	NEWTSON, PAUL V	3500 UNIVERSITY BLVD 3303	JACKSONVILLE FL 32277				
D	BENNETT, MARK	10271 HEATHER-GLEN DR.	JACKSONVILLE FL				
D	VANDER YACHT, CLIFFORD	2363 LOURDES DRIVE WEST	JACKSONVILLE FL 32210				

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:

James A. Smith **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 10, 2000 904-276-2972
 Date Daytime Phone #

CR20017 19/99