

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49502

1. Entity Name

COMMUNITY HEALTH CHARITIES OF NORTHEAST FLORIDA,

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90844 008 ****61.25

Principal Place of Business

RIVERPLACE TOWER
SUITE 1301
JACKSONVILLE FL 32207
US

Mailing Address

P.O. BOX 23932
JACKSONVILLE FL 32241-3932
US

2. Principal Place of Business

2123 Mango Place

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL 32207

City & State

Zip

32207

Country

Duval

Country

4. FEI Number

59-3132204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEELY, FRED
1820 BARRS ST
458C
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete
NAME GALVICH, JAMIE
STREET ADDRESS 9664 HOOD RD.
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE SD ☐ Delete
NAME GRANT, DIANTHA
STREET ADDRESS 3945 OCTAVE DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE TD ☐ Delete
NAME WOOD, MICHAEL L
STREET ADDRESS 4417 BEACH BLVD. STE 200
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ED ☐ Delete
NAME KRAVITZ, RICHARD H
STREET ADDRESS 3034 BEAUCLERC OAKS COURT
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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]* DIANTHA GRANT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

(904) 398-5193

Date

Daytime Phone #

CR2E037 (9/99)