

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
 05-15-2001 90030 010 ****61.25

DOCUMENT # N49502

1. Entity Name

COMMUNITY HEALTH CHARITIES OF NORTHEAST FLORIDA,

Principal Place of Business

**2123 MANGO PL.
 JACKSONVILLE FL 32207
 US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3132204

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SEELY, FRED
 1820 BARRS ST
 458C
 JACKSONVILLE FL 32204**

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

TITLE **PD** ☒ Change ☐ Addition
 NAME **Glavich, 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 ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Boyer, Elizabeth**
 STREET ADDRESS **8384 Baymeadows Rd., Suite 10**
 CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Royal, Capt. Wesley**
 STREET ADDRESS **1819 Hilltop Blvd.**
 CITY-ST-ZIP **Jacksonville, FL 32216**

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

4/30/01

CR2E037 (10/00)

Attachment # 974691
1149502

COMMUNITY HEALTH CHARITIES OF NE FL

BOARD OF DIRECTORS

D Addition
Jenny Noel
2024 Hovington Circle West

D Addition
Ryder, Cecile
1301 Riverplace Blvd., Suite 1500
Jacksonville, FL 32207

D Addition
Charlton, Rick
580 W. 8th St., Suite 8000
Jacksonville, FL 32209

D Addition
Moreland, Dr. Henry
2360 Lakeshore Dr.
Jacksonville, FL 32210

D Addition
Seely, Fred
10 N. Newnan St.
Jacksonville, FL 32202