

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90024 027 ****61.25

DOCUMENT # N49502

1. Entity Name

COMMUNITY HEALTH CHARITIES OF NORTHEAST FLORIDA, INC.

Principal Place of Business

Mailing Address

2123 MANGO PL.
 JACKSONVILLE FL 32207
 US

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

Zip

Country

Zip

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

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

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

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

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

TITLE ☐ Delete
 NAME **TD 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 ☐ Delete
 NAME **ED 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 **D BOYER, ELIZABETH**
 STREET ADDRESS **8384 BAYMEADOWS RD SUITE 10**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

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

TITLE ☐ Delete
 NAME **D ROYAL, CAPT. WESLEY**
 STREET ADDRESS **1819 HILLTOP BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32-2165**

TITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard H. Kravitz

Date

Daytime Phone #

CR2E037 (9/01)

904 398 5793

Attachment # 1149502
COMMUNITY HEALTH CHARITIES OF NE FL
PO BOX 23932
Jacksonville, FL 32241-3932

053174

Remaining Directors:

D
Deborah Holt
14164 Washburn Ct.
Jacksonville, FL 32250

D
Cecile Ryder
Rogers, Towers, Bailey, Jones & Gay
1301 Riverplace Blvd., Suite 1500
Jacksonville, FL 32207

D
Ann Hanawalt
4018 Mizner Circle, S.
Jacksonville, FL 32217

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

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

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