

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005254

1. Entity Name

THE JACKSONVILLE EMPLOYERS FAMILY CARE ASSOCIATI

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90003 009 ****61.25

Principal Place of Business

319 SCENIC POINT LANE
ORANGE PARK FL 32067-0755

Mailing Address

P.O. BOX 755
ORANGE PARK FL 32067-0755

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

84-1470675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLENN, STEVEN C
319 SCENIC POINT LANE
ORANGE PARK FL 32067-0755

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

After September 13, 2000 min. will be \$236.25

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	DIRECTOR	<input type="checkbox"/> Delete
NAME	BONOM, MARYANNE B	
STREET ADDRESS	601 RIVERSIDE AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32264-0755	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Delete
NAME	BORNS, MIKE	
STREET ADDRESS	5421 WEST BEAVER STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	CORINI, SABRINA B	
STREET ADDRESS	P.O. BOX 37557 N/A	
CITY-ST-ZIP	JACKSONVILLE FL 32236-0755	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	GURNY, JANICE	
STREET ADDRESS	4800 DEER LAKE DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	IRWIN, CYNTHIA A	
STREET ADDRESS	8443 BAYMEADOWS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Delete
NAME	WARD, MELISSA A	
STREET ADDRESS	4800 DEER LAKE DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32246	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Sherry McKendree	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	601 Riverside Avenue	
STREET ADDRESS	Jacksonville, FL 32231	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Kathleen Miller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bombardier Capital	
STREET ADDRESS	12735 Grand Bay Pkwy West, Suite 1000	
CITY-ST-ZIP	Jacksonville, FL 32258	

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

8.1.00

Date

Daytime Phone #

CR2E037 (5/00)