

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 22, 2003 8:00 am**  
**Secretary of State**

07-22-2003 90050 044 \*\*\*\*61.25

**DOCUMENT # N98000006028**

1. Entity Name

**JACKSONVILLE ALLIANCE FOR THE PREVENTION OF ADOL-  
ESCENT PREGNANCY, INC.**



Principal Place of Business

900 UNIVERSITY BLVD., NORTH. STE. 501  
JACKSONVILLE FL 32211

Mailing Address

900 UNIVERSITY BLVD., NORTH. STE. 501  
JACKSONVILLE FL 32211

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 **59-3626052**

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

**HAMILTON, BEVERLY R**  
**8040 CHARMONT DRIVE SOUTH**  
**JACKSONVILLE FL 32277**

Name

**Lori Bilello**

Street Address (P.O. Box Number is Not Acceptable)

**900 University Blvd N. Suite 501**

City

**Jacksonville**

**FL**

Zip Code

**32211**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Lori Bilello*

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 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11.

OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Delete  
NAME **CARR, CHRISTINE**  
STREET ADDRESS **4361 ASHFIELD DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**FA**  
**BILELLO, LORI**  
**130 PABLO POINT DRIVE**  
**JACKSONVILLE, FLORIDA 32225**

Change ☒ Addition

TITLE **IC** ☒ Delete  
NAME **HAMILTON, BEVERLY R**  
STREET ADDRESS **8040 CHARMONT DRIVE SOUTH**  
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**CC**  
**SETERFITT, LIBBY**  
**330 EAST BAY STREET #504**  
**JACKSONVILLE, FLORIDA 32202**

Change ☒ Addition

TITLE **TD** ☐ Delete  
NAME **GOLDHAGEN, JEFFREY**  
STREET ADDRESS **4318 BLUE HERON**  
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change ☐ Addition

TITLE **D** ☒ Delete  
NAME **AFI-LEIGH, JAMEELA A**  
STREET ADDRESS **7740 SOUTHSIDE BLVD. #201**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

**7/8/03** **(904) 745-3050**

CR2E037 (4/03)