

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

DOCUMENT # N99000004119

1. Entity Name

**SOUTHEAST LIPID ASSOCIATION, INC.**

02-05-2000 90031 031 \*\*\*\*61.25

Principal Place of Business <b>2337 OSPREY LAKE DRIVE JACKSONVILLE FL 32224</b>	Mailing Address <b>2337 OSPREY LAKE DRIVE JACKSONVILLE FL 32224</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4494 Southside Blvd</b>	3. Mailing Address <b>4494 Southside Blvd.</b>
Suite, Apt. #, etc. <b>201</b>	Suite, Apt. #, etc. <b>201</b>
City & State <b>Jacksonville FL</b>	City & State <b>Jacksonville, FL</b>
Zip <b>32216</b>	Country <b>USA</b>

4. FEI Number <b>59-3585876</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**NULAND, CHRISTOPHER L**  
**1000 RIVERSIDE AVENUE SUITE 200**  
**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BROWN, VIRGIL</b> <b>1670 CLAIRMONT ROAD</b> <b>DECATUR GA 30033</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MILLER, MICHAEL</b> <b>22 S. GREENE STREET ROOM S3B06</b> <b>BALTIMORE MD 21201</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ROBERTSON, DAVID G</b> <b>77 COLLIER ROAD SUITE 2080</b> <b>ATLANTA GA 30309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add <b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Add <b>Guyton, John</b> <b>Duke Univ. Med. Center Box 3510 Rm 368</b> <b>Durham, NC 27710</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add <b>ED</b> <input type="checkbox"/> Change <input type="checkbox"/> Add <b>CHRISTOPHER R. SEYMOUR</b> <b>4494 Southside Blvd, #201</b> <b>Jacksonville, FL 32216</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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: **CHRISTOPHER R. SEYMOUR** 1-23-00 904-998-0854  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #