

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

0011960

DOCUMENT # N99000004119

1. Entity Name

SOUTHEAST LIPID ASSOCIATION, INC.

03-12-2001 90029 006 ****61.25

Principal Place of Business

Mailing Address

**4494 SOUTHSIDE BLVD
 201
 JACKSONVILLE FL 32216**

**4494 SOUTHSIDE BLVD
 201
 JACKSONVILLE FL 32216**

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 **59-3585876**

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

**NULAND, CHRISTOPHER L
 1000 RIVERSIDE AVENUE SUITE 200
 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 **D** ☐ Delete
 NAME **BROWN, VIRGIL**
 STREET ADDRESS **1670 CLAIRMONT ROAD**
 CITY-ST-ZIP **DECATUR GA 30033**

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

TITLE **D** ☒ Delete
 NAME **MILLER, MICHAEL**
 STREET ADDRESS **22 S. GREENE STREET ROOM S3B06**
 CITY-ST-ZIP **BALTIMORE MD 21201**

TITLE **S/T** ☐ Change ☒ Addition
 NAME **Crouse, John**
 STREET ADDRESS **1050 VAN HOOY Avenue**
 CITY-ST-ZIP **Winston-Salem, NC 27104**

TITLE **D** ☐ Delete
 NAME **ROBERTSON, DAVID G**
 STREET ADDRESS **77 COLLIER ROAD SUITE 2080**
 CITY-ST-ZIP **ATLANTA GA 30309**

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

TITLE **P** ☐ Delete
 NAME **GWYNN, JOHN**
 STREET ADDRESS **DUKE UNIVERSITY MEDICAL BOX 3510**
 CITY-ST-ZIP **DURHAM NC 27710**

TITLE **D** ☒ Change ☐ Addition
 NAME **GUYTON, JOHN**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ED** ☐ Delete
 NAME **SEYMOUR, CHRISTOPHER M**
 STREET ADDRESS **4494 SOUTHSIDE BLVD # 201**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
 NAME **Bedker, Diane**
 STREET ADDRESS **1303 E. Monument St., Suite 802B**
 CITY-ST-ZIP **Baltimore, MD 21205**

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

Date

Daytime Phone #

CR2E037 (10/00)