

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90029 020 \*\*\*\*61.25

**DOCUMENT # N99000004119**

1. Entity Name

**SOUTHEAST LIPID ASSOCIATION, INC.**

Principal Place of Business

**4494 SOUTHSIDE BLVD  
 201  
 JACKSONVILLE FL 32216**

Mailing Address

**4494 SOUTHSIDE BLVD  
 201  
 JACKSONVILLE FL 32216**

2. Principal Place of Business

**8833 Perimeter Park Boulevard  
 Suite, Apt. #, etc.**

**#301**

City & State

**Jacksonville, Florida**

Zip

**32216**

Country

**USA**

3. Mailing Address

**8833 Perimeter Park Boulevard  
 Suite, Apt. #, etc.**

**#301**

City & State

**Jacksonville, Florida**

Zip

**32216**

Country

**USA**

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

**NULAND, CHRISTOPHER L  
 1000 RIVERSIDE AVENUE SUITE 200  
 JACKSONVILLE FL 32204**

7. Name and Address of New Registered Agent

Name

**Christopher R. Seymour**

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

**8833 Perimeter Park Boulevard**

**#301**

City

**Jacksonville**

FL

Zip Code

**32216**

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

**CHRISTOPHER R. SEYMOUR, EXECUTIVE DIRECTOR**

**1-11-02**

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 **D** ☐ Delete  
 NAME **BROWN, VIRGIL**  
 STREET ADDRESS **1670 CLAIRMONT ROAD**  
 CITY-ST-ZIP **DECATUR GA 30033**

TITLE **ST** ☐ Delete  
 NAME **CROUSE, JOHN**  
 STREET ADDRESS **1050 VAN HOLY AVE**  
 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 **D** ☐ Delete  
 NAME **GUYTON, JOHN**  
 STREET ADDRESS **DUKE UNIVERSITY MEDICAL BOX 3510**  
 CITY-ST-ZIP **DURHAM NC 27710**

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

TITLE **P** ☐ Delete  
 NAME **BECKER, DIANE**  
 STREET ADDRESS **1803 E MONUMENT ST #802B**  
 CITY-ST-ZIP **BALTIMORE MD 21205**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **ED** ☐ Change ☒ Addition  
 NAME **CHRISTOPHER R. SEYMOUR**  
 STREET ADDRESS **8833 PERIMETER PARK BLVD #301**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32216**

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

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

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:

**CHRISTOPHER R. SEYMOUR**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-11-02**

Date

**904-998-0853**

Daytime Phone #

CR2E037 (9/01)