

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006929

1. Entity Name

NORTH EAST FLORIDA CHAPTER OF CONSTRUCTION FINAN

Principal Place of Business

6877 PHILLIPS INDUSTRIAL BLVD.  
JACKSONVILLE FL 32256

Mailing Address

6877 PHILLIPS INDUSTRIAL BLVD.  
JACKSONVILLE FL 32256

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

59-3568486

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

LONGO, RICHARD J  
6877 PHILLIPS INDUSTRIAL BLVD.  
JACKSONVILLE FL 32256

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 ☐ Delete  
NAME P  
STREET ADDRESS CARSWELL, JOHN  
CITY-ST-ZIP 6722 S. PHILLIPS PKWY DR  
JACKSONVILLE FL 32241

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

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS HIGGINDOHAN, KAREN  
CITY-ST-ZIP 7587 WILSON BLVD  
JACKSONVILLE FL 32210

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS NEWMAN, NEIL  
CITY-ST-ZIP 2514 IROQUOIS AVE  
JACKSONVILLE FL 32210

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LONGO, RICH  
CITY-ST-ZIP 6877 PHILLIPS INOVSTREST BLVD  
JACKSONVILLE FL 32256

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WITT, SCOTT  
CITY-ST-ZIP 2900 HARTLEY RD  
JACKSONVILLE FL 32257

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

TITLE ☐ Delete  
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:

*Neil Newman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01

Date

Daytime Phone #

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90055 034 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

0013522

CR2E037 (10/00)