

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000090923**

1. Entity Name

LEGAL CLINIC OF NORTHEAST FLA., INC.**FILED****May 01, 2001 8:00 am**
Secretary of State

05-01-2001 90062 015 ***150.00

001199

Principal Place of Business

**622 CASSAT AVENUE
SUITE 2
JACKSONVILLE FL 32205**

Mailing Address

**622 CASSAT AVENUE
SUITE 2
JACKSONVILLE FL 32205**

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

☒ Applied For☐ Not Applicable5. 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

**ISLEY, JO E. C
6034 HORSESHOE DRIVE
MAXVILLE FL 32234**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PSTD	ISLEY, JO E. C	6034 HORSESHOE DRIVE	MAXVILLE FL 32234	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	ISLEY, ROBERT W III	6034 HORSESHOE DRIVE	MAXVILLE FL 32234	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	GIEBERT, J. HOLLAND	3861 CEDAR FOREST DRIVE EAST	JACKSONVILLE FL 32210	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	GIEBERT, GEORGE H JR.	5418 ROLLINS AVENUE	JACKSONVILLE FL 32207	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other filers empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JO E. CROSBY ISLEY**4/23/01**

Date

(904) 378-8961

Daytime Phone #

CR2E034 (10/00)