

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721714

1. Entity Name

THE NATIONAL SOCIETY OF THE COLONIAL DAMES OF AM

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90128 023 ****61.25

Principal Place of Business 4114 HERSCHEL ST #109 JACKSONVILLE FL 32210	Mailing Address 4114 HERSCHEL ST #109 JACKSONVILLE FL 32210-2200
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DO NOT WRITE IN THIS SPACE

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 59-1218883	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PATILLO, SARAH M.
4902 APACHE AVE.
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name **Morrow, Sara W.**

Street Address (P.O. Box Number is Not Acceptable)
2549 Red Fox Road

City **Orange Park** **FL** Zip Code **32073**

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 Sara W. Morrow *Sara W Morrow* 1/18/2000
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete PATILLO, SARAH M. 4902 APACHE AVE. JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete WALTON, LIB 3811 MCGIRTS BLVD. JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete DARBY, LUCY W 919 GREENRIDGE RD JACKSONVILLE FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete MAHONEY, ELEANOR E 2651 IROQUOIS AVE JACKSONVILLE FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete BRUNDICK, BETTY 4804 ARAPOHOE AVE JACKSONVILLE FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete FORTSON, KATHRYN R 3875 ORTEGA BLVD JACKSONVILLE FL 32210

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Morrow, Sara W. 2549 Red Fox Road Orange Park, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tomlinson, Suzanne 1890 Shadowlawn Street Jacksonville, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD Olsen, Elizabeth 4002 McGirts Blvd Jacksonville, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kathryn R. Fortson*
Kathryn R. Fortson, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2000 904-388-4223
Date Daytime Phone #

CR2E037 (9/99)