

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
Jun 28, 2000 8:00 am
Secretary of State

04-24-2000 90074 011 ****61.25

DOCUMENT # N94000001341

1. Entity Name
JACKSONVILLE PARENTS OF TWINS AND TRIPLETS CLUB,

Principal Place of Business Mailing Address

367 S. MILL VIEW WAY POST OFFICE BOX 1621
 PONTE VEDRA FL 32082 PONTE VEDRA BEACH FL 32004-1621
 US

2. Principal Place of Business 3. Mailing Address

3653 NEWCASTLE CREEK DR Suite, Apt. #, etc.

City & State City & State

JACKSONVILLE FL City & State

Zip Country Zip Country

32077 **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3353389** Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HITCH, SUSAN W
367 S. MILL VIEW WAY
PONTE VEDRA FL 32082

7. Name and Address of New Registered Agent

Name **MARTHA SERBAN**
 Street Address (P.O. Box Number is Not Acceptable) **3653 NEWCASTLE CREEK DRIVE**
 City **JACKSONVILLE FL** Zip Code **32077**

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 *Martha A Serban* **MARTHA A. SERBAN** **4/12/2000**
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents 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 NAME STREET ADDRESS CITY-ST-ZIP	D HITCH, SUSAN W 367 S MILL VIEW WAY PONTE VEDRA FL 32082 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESIDENT MARTHA SERBAN 3653 NEWCASTLE CREEK DR JACKSONVILLE, FL 32077 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFEL, KATHY 24500 DEER TRACE DR PONTE VEDRA BEACH FL 32082 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICE-PRESIDENT MELISSA LANGFORD 1200 CREEK BEND RD FRUIT COVE, FL 32259 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, SUSAN 1689 CEDAR BAY RD. JACKSONVILLE FL 32218 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICE-PRESIDENT ALLISON DE WITT 6124 POST OAK ROAD WEST JACKSONVILLE, FL 32077 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOEPPNER, LISA 5387 RIVERBREEZE RD. JACKSONVILLE FL 32277 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TREASURER DONNA DOMIANO 12860 ALLPORT ROAD JACKSONVILLE, FL 32258 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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

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: *Martha A Serban* **MARTHA SERBAN** **4/12/2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)