

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003323

1. Entity Name

GREATER NORTHWEST QUADRANT ASSOC., INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90119 042 ****61.25

Principal Place of Business

Mailing Address

312 W 8TH ST
 JACKSONVILLE FL 32206

312 W 8TH ST
 JACKSONVILLE FL 32206-4331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

~~59-0941425~~

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, PHILLIP
 312 W 8TH ST
 JACKSONVILLE FL 32206

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	DP	<input type="checkbox"/> Delete
NAME	BROWN, PHILLIP	
STREET ADDRESS	312 W 8TH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, DEBRA L	
STREET ADDRESS	1342 MARLEE RD.	
CITY-ST-ZIP	SWITZERLAND FL 32259	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GOINS, ANNETTE	
STREET ADDRESS	1303 LAURA ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, CAROL	
STREET ADDRESS	314 W 6TH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, VERONICA	
STREET ADDRESS	4450 WILL SCARLET RD	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> Delete
NAME	KANAWATI, DINA	
STREET ADDRESS	8789 SOUTHWEST BLVD., #2007	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YANG YANG	
STREET ADDRESS	653 Galtier St #105	
CITY-ST-ZIP	St Paul, MN 55103	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Jackson	
STREET ADDRESS	335 W 8th St	
CITY-ST-ZIP	JACKSONVILLE, FL 32206	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ernes Johnson	
STREET ADDRESS	1429 Pearl St	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melvin Freeman	
STREET ADDRESS	312 W 8th St	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Floyd	
STREET ADDRESS	312 W 8th St	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Phillip Brown*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00 904356 1304
 Date Daytime Phone #

CR2E037 (9/99)

DOC# N94000003323
901858

#4

Please make FEI Number
Correction

Correct # 59-3616561



FACSIMILE TRANSMISSION INTERNAL REVENUE SERVICE

ATLANTA SERVICE CENTER
PO BOX 47-421
TELE-TIN UNIT STOP 751
DORAVILLE, GA 30362

DATE 1-12-00 RECD _____ TIME _____

NAME James Phillip Brown FAX NUMBER 904-358-9954

IF YOU HAVE ANY QUESTIONS ABOUT ANY FAX RECEIVED FROM OUR OFFICE PLEASE CALL US AT (678) 530-7925 OR (678) 530-7902.

TOTAL PAGE: 1

COMMENTS: WE HAVE ASSIGNED AN EMPLOYER IDENTIFICATION NUMBER FOR THE ENTITY (IES) SHOWN BELOW. YOU SHOULD RECEIVE WRITTEN NOTIFICATION OF YOUR EMPLOYER IDENTIFICATION NUMBER(S) WITHIN 30 DAYS.

COMPANY NAME: Greater Northwest Quadrant Assoc. Inc.

EMPLOYER IDENTIFICATION NUMBER (EIN): 59-3616561

COMPANY NAME:

EMPLOYER IDENTIFICATION NUMBER (EIN):

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