

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90277 023 ****61.25

DOCUMENT # N94000003323

1. Entity Name

GREATER NORTHWEST QUADRANT ASSOC., INC.

Principal Place of Business

Mailing Address

312 W 8TH ST
 JACKSONVILLE FL 32206

312 W 8TH ST
 JACKSONVILLE FL 32206

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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	DS	<input type="checkbox"/> Delete
NAME	JACKSON, LINDA S	
STREET ADDRESS	2121 N DAVIS	
CITY-ST-ZIP	JACKSONVILLE FL-32209--	
TITLE	D	<input type="checkbox"/> Delete
NAME	BULLARD, THERESA ROSE	
STREET ADDRESS	12340 SONDRRA COVE CT	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, JOHN PHILLIP	
STREET ADDRESS	3449 SOUTHWEST SR 26	
CITY-ST-ZIP	TRENTON FL 32693	
TITLE	D	<input type="checkbox"/> Delete
NAME	Melvin Freeman	
STREET ADDRESS	Perry Street	
CITY-ST-ZIP	Jacksonville, FL 32206	
TITLE	D	<input type="checkbox"/> Delete
NAME	Annette Bolden	
STREET ADDRESS	4839 Mowrie Rd #7	
CITY-ST-ZIP	Jacksonville, FL 32208	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ted weeks	
STREET ADDRESS	Jacksonville FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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*

7-31-02

CR2E037 (4/02)