

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90070 016 *****75.00

DOCUMENT # N00000002350

1. Entity Name

JARTA, INC.

Principal Place of Business

P.O. BOX 14384
TALLAHASSEE FL 32317

Mailing Address

P.O. BOX 14384
TALLAHASSEE FL 32317

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

59-3655862

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ, PATRICIA B
6552 ALAN-A-DALE TRAIL
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name LILLIAN M. TILFORD
Street Address (P.O. Box Number is Not Acceptable)
1595 LONNIE ROAD
Tallahassee
City FL Zip Code 32308

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

Lillian M. Tilford

4-30-01

Signature, typed or printed name of registered agent and 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	EXECUTIVE DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ED		
STREET ADDRESS	LILLIAN M. TILFORD		
CITY-ST-ZIP	1595 LONNIE ROAD Tallahassee FL 32308		
TITLE	M/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PATRICIA JIMENEZ		
STREET ADDRESS	3763 LONGCHAMP CIRCLE		
CITY-ST-ZIP	Tallahassee FL 32308		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NANCY DANIELS		
STREET ADDRESS	1555 CLIFFORD HILL ROAD		
CITY-ST-ZIP	Tallahassee FL 32308		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TODD CLEAR		
STREET ADDRESS	899 TENTH AVENUE		
CITY-ST-ZIP	NEW YORK, NY 10019		
TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ADRIENNE HAMPTON-WEBSTER		
STREET ADDRESS	1014-B CARRIN DRIVE		
CITY-ST-ZIP	Tallahassee, FL 32311		
TITLE	D/T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MERYVYN CARRINGTON		
STREET ADDRESS	3151 LAKE BROOKE DRIVE		
CITY-ST-ZIP	Tallahassee, FL 32303		

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:

LILLIAN M. TILFORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Attachment Doc # NO0000022350

JARTA

0059685



(D)

TERRY MEAD

2436 LAUREL RIDGE DRIVE

LUTZ, FL 33549

(D)

KENNETH STAFFORD

2768 WEST HANNON HILL DRIVE

TALLAHASSEE, FL 32308

(D)

ANNE HAW HOLT

2636 WEST MISSION ROAD #146

TALLAHASSEE FL 32304

(over)

Justice Advocacy Restoration Transition Aftercare

Post Office Box 14384 • Tallahassee, Florida 32317 • 1-850-878-7670

Attachment Doc# NO0000002350

JARTAC 6059685



①

DE' JENE ABEBE

245 SOUTH MAGNOLIA DRIVE

TALLAHASSEE, FL 32301

②

MICHAEL WILLIAMS

2029 FOSTER DRIVE

TALLAHASSEE FL

32303