

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90093 035 ****61.25

DOCUMENT # 719942



1. Entity Name

GIRLS INCORPORATED OF JACKSONVILLE

Principal Place of Business

3702 STANLEY STREET
JACKSONVILLE FL 32207

Mailing Address

3702 STANLEY STREET
JACKSONVILLE FL 32207

2. Principal Place of Business

2916 University Blvd. W.

3. Mailing Address

2916 University Blvd. W.

Suite, Apt. #, etc.

Suite 203

Suite, Apt. #, etc.

Suite 203

City & State

Jacksonville, FL

City & State

Jax., FL 3

Zip

32207

Country U.S.
Duval

Zip

32207

Country

U.S.

4. FEI Number

59-1317196

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, KIT
3702 STANLEY ST.
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

Thomas, Kit

Street Address (P.O. Box Number is Not Acceptable)

2916 University Blvd. W. Suite 203

City

Jacksonville

FL

Zip Code

32217

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

Kit Thomas

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

After September 13, 2000 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

TITLE DS
NAME MORRIS, ELLEN
STREET ADDRESS 3702 STANLEY STREET
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE DV
NAME GOODLING, DAVID
STREET ADDRESS 3702 STANLEY ST
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE DP
NAME FOSTER, STEPHANIE
STREET ADDRESS 3702 STANLEY ST
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE TD
NAME STEPHENS, JOANN T
STREET ADDRESS 3702 STANLEY ST
CITY-ST-ZIP JACKSONVILLE FL 32207 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Change ☐ Addition
NAME Ellen Morris
STREET ADDRESS 2916 University Blvd. W. Suite 203
CITY-ST-ZIP Jacksonville, FL 32207

TITLE DV ☒ Change ☒ Addition
NAME Chris McMorro
STREET ADDRESS 2916 University Blvd. W. Suite 203
CITY-ST-ZIP Jacksonville, FL 32217

TITLE DT ☒ Change ☒ Addition
NAME Lori Boynton
STREET ADDRESS 2916 University Blvd. W. Suite 203
CITY-ST-ZIP Jacksonville, FL 32217

TITLE DS ☐ Change ☒ Addition
NAME Ron Natherson
STREET ADDRESS 2916 University Blvd. W. Suite 203
CITY-ST-ZIP Jacksonville, FL 32217

TITLE D-P-E ☒ Change ☐ Addition
NAME Jo Ann Stephens
STREET ADDRESS 2916 University Blvd. W. Suite 203
CITY-ST-ZIP Jacksonville, FL 32217

TITLE DPP ☒ Change ☐ Addition
NAME David Gooding
STREET ADDRESS 2916 University Blvd. W. Suite 203
CITY-ST-ZIP Jacksonville, FL 32217

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:

Kit Thomas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)