

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90043 020 \*\*\*\*61.25

**DOCUMENT # 719942**

1. Entity Name

**GIRLS INCORPORATED OF JACKSONVILLE**

Principal Place of Business

Mailing Address

**2916 UNIVERSITY BLVD W  
 STE 203  
 JACKSONVILLE FL 32217**

**2916 UNIVERSITY BLVD W  
 STE 203  
 JACKSONVILLE FL 32217**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1317196**

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

**THOMAS, KIT  
 2916 UNIVERSITY BLVD W STE 203  
 JACKSONVILLE FL 32217**

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 <sup>KBT</sup> *Katherine "Kit" Thomas* *Katherine "Kit" Thomas* 1/22/02  
 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	MORRIS, ELLEN	
STREET ADDRESS	2916 UNIVERSITY BLVD W STE 203	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	MCMORROW, CHRIS	
STREET ADDRESS	2916 UNIVERSITY BLVD W STE 203	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BOYNTON, LORI	
STREET ADDRESS	2916 UNIVERSITY BLVD W STE 203	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	DS	<input type="checkbox"/> Delete
NAME	NATHERSON, RON	
STREET ADDRESS	2916 UNIVERSITY BLVD W STE 203	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	SPE	<input type="checkbox"/> Delete
NAME	STEPHENS, JOANN	
STREET ADDRESS	2916 UNIVERSITY BLVD W STE 203	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	DPP	<input type="checkbox"/> Delete
NAME	GOODING, DAVID	
STREET ADDRESS	2916 UNIVERSITY BLVD W STE 203	
CITY-ST-ZIP	JACKSONVILLE FL 32217	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>Elle</del> Morris, Ellen	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>Alison</del> Henderson, Alison	
STREET ADDRESS	2916 University Blvd W, STE 203	
CITY-ST-ZIP	Jacksonville FL 32217	
TITLE	PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Natherson, Ron	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen, Joann	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>Gooding</del> Gooding, David	
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: *Katherine "Kit" Thomas* *Katherine "Kit" Thomas* 1/22/02  
 Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)