

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/

**FILED**

**May 02, 2000 8:00 am**  
**Secretary of State**

03-10-2000 90026 042 \*\*\*\*70.00

**DOCUMENT # 732279**

1. Entity Name

**WOMEN'S CENTER OF JACKSONVILLE, INC.**

Principal Place of Business

Mailing Address

4344 JULINGTON CREEK RD.  
JACKSONVILLE FL 32258-2197  
US

4344 JULINGTON CREEK RD.  
JACKSONVILLE FL 32258-2197  
US

2. Principal Place of Business

3. Mailing Address

**929 Peninsular Place**

**929 Peninsular Place**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Jacksonville, Florida**

**Jacksonville, Fl.**

4. FEI Number

**23-7437216**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEBB, SHIRLEY**  
**929 PENINSULAR PLACE**  
**32258-2197**  
**JACKSONVILLE FL 32204**

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

*Shirley K Webb*

*Shirley K Webb*

**3/2/2000**

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

TITLE **PD** ☒ Delete  
NAME **DROMPP, CATHERINE**  
STREET ADDRESS **4344 JULINGTON CREEK RD.**  
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **VD** ☒ Delete  
NAME **WEBB, SHIRLEY**  
STREET ADDRESS **2755 RIVERSIDE AVE**  
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **SD** ☒ Delete  
NAME **GILLIAN, BAKER**  
STREET ADDRESS **2770 OAK STREET**  
CITY-ST-ZIP **JACKSONVILLE, FL 00000**

TITLE **T** ☒ Delete  
NAME **SIMMONS, SHARON L**  
STREET ADDRESS **3623 PINE ST.**  
CITY-ST-ZIP **JACKSONVILLE FL**

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 **President** ☐ Change ☒ Addition  
NAME **Marian Turner Sharpston**  
STREET ADDRESS **8789 San Jose Blvd #210**  
CITY-ST-ZIP **Jacksonville Fl 32217**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Julie Rogers**  
STREET ADDRESS **3421 Tarpon Drive**  
CITY-ST-ZIP **Jacksonville, FL 32277**

TITLE **Secretary** ☐ Change ☒ Addition  
NAME **Alma Ballard**  
STREET ADDRESS **2108 Waterford Lane**  
CITY-ST-ZIP **Jacksonville Fl 32246**

TITLE **Treasurer** ☐ Change ☒ Addition  
NAME **Ellen Bushell**  
STREET ADDRESS **45-2 St. Johns Bluff Rd. S**  
CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Shirley K Webb*

**3/3/00**

**(904) 356-3300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (9/99)