2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2000 8:00 am
Secretary of State
06-01-2000 90276 002 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 738395

1. Entity Name
JACKSONVILLE WEAVER'S GUILD

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
12834 Mandarin Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State
Zip: 32223 Country	Zip Country

4. FEI Number: 59-1746827 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Betty Francis
12834 Mandarin Road
Jacksonville, FL 32223

7. Name and Address of New Registered Agent

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 BL Francis BL FRANCIS 5/1/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D LINDA KRAUTER	☐ Delete	P/D LINDA KRAUTER 10180 VINEYARD LAKE RD E JACKSONVILLE, FL 32216	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NEDRA SOLES	☐ Delete	S NEDRA SOLES 11448 WILLET CT S JACKSONVILLE FL 32225	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D BETTY FRANCIS 12834 MANDARIN RD JACKSONVILLE, FL 32223	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESME LEE 1129 SUNNY MEADE DR JACKSONVILLE FL 32211	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D JAMIE PITMAN 3740 CATTAIL DR S JACKSONVILLE FL	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHARON WAGAND 2715 VICTORIAN OAKS DR JACKSONVILLE FL	☒ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

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: BL FRANCIS BL FRANCIS 5/1/00 904-292-2904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #