2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90062 043 ****61.25

DOCUMENT # 738395

1. Entity Name
JACKSONVILLE WEAVERS' GUILD

Principal Place of Business	Mailing Address

D00056598

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7152 Lone Star Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville FL	City & State
Zip: 32211 Country: USA	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	7. Name and Address of New Registered Agent
Betty Francis 12834 Mandarin Road Jacksonville FL 32223	Name: Nedra Soles Street Address (P.O. Box Number is Not Acceptable): 11448 Willet Court S City: Jacksonville FL Zip Code: 32225

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 4/30/01
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 10150 VINEYARD LAKE RD E JACKSONVILLE FL 32223 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NEDRA SOLES 11448 WILLET CT S JACKSONVILLE FL 32225 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D BETTY FRANCIS 12834 MANDARIN RD JACKSONVILLE FL 32223 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESMÉ LEE 1129 SUNNYMEADE DR JACKSONVILLE FL 32211 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LYNNE BROOKS 9416 SANDLER RD JACKSONVILLE FL 32222 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/00)

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 4/30/01 904-292-2904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #