

2001 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Mar 02, 2001 8:00 am
Secretary of State

01-31-2001 90284 041 ****70.00

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1. Entity Name

INTERNATIONAL INTERIOR DESIGN ASSOCIATION FLORID

Principal Place of Business

110-20TH AVENUE NORTH
ST. PETERSBURG FL 33704

Mailing Address

P.O. BOX 7797
ST. PETERSBURG FL 33734-7797

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2029657

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MITROVKA, DEBORAH A
110 20TH AVENUE NORTH
ST. PETERSBURG FL 33704

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

Deborah A. Mitrovka Executive Director 1/25/2001

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	PP	<input checked="" type="checkbox"/> Delete
NAME	MITROVKA, JOHN	
STREET ADDRESS	P.O. BOX 7797, N/A	
CITY-ST-ZIP	ST. PETERSBURG FL 33734-7797	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIEGEL, SHELLEY	
STREET ADDRESS	120 NE 51ST ST.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	PP	<input type="checkbox"/> Delete
NAME	LOVE, GREGG	
STREET ADDRESS	10091 CLEARY BLVD., SUITE 520	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	President	<input type="checkbox"/> Delete
NAME	FRANGE, JULIE Hargrove	
STREET ADDRESS	5482 SANFORD ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRODEL, CHERYL	
STREET ADDRESS	100 SOUTH LAKE DESTINY DRIVE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALHOUN, LINDA calhoun	
STREET ADDRESS	P O BOX 925	
CITY-ST-ZIP	BRANDON FL 33509	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP membership	
STREET ADDRESS	Jennifer Lancaster	
CITY-ST-ZIP	3928 Freedom Commerce Pkwy Jacksonville, FL 32256	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Past President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julie Hargrove	
STREET ADDRESS	129 Marshy Lakes Drive	
CITY-ST-ZIP	Fort Lauderdale Beach, FL 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Calhoun	
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:

Deborah A. Mitrovka Executive Director 1/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

201-898-8411

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