

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90015 040 ****70.00

DOCUMENT # 753712

1. Entity Name

INTERNATIONAL INTERIOR DESIGN ASSOCIATION FLORIDA CHAPTER, INC.

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

Zip

Country

Zip

Country

4. FEI Number

59-2029657

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

1/8/02

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

TITLE: **VPD**
 NAME: **LANCASTER, JENNIFER** ☒ Delete
 STREET ADDRESS: **8928 FREEDOM COMMERCE PKWY**
 CITY-ST-ZIP: **JACKSONVILLE FL 32256**

TITLE: **D**
 NAME: **SIEGEL, SHELLEY** ☒ Delete
 STREET ADDRESS: **120 NE 51ST ST.**
 CITY-ST-ZIP: **FORT LAUDERDALE FL 33334**

TITLE: **PP**
 NAME: **LOVE, GREGG** ☒ Delete
 STREET ADDRESS: **10091 CLEARY BLVD., SUITE 520**
 CITY-ST-ZIP: **PLANTATION FL 33324**

TITLE: **P**
 NAME: **HARGROVE, JULIE** ☐ Delete
 STREET ADDRESS: **109 MARSH LAKES DRIVE**
 CITY-ST-ZIP: **FERNANDINA BEACH FL 32034**

TITLE: **D**
 NAME: **CALHAUN, LINDA** ☐ Delete
 STREET ADDRESS: **PO BOX 925**
 CITY-ST-ZIP: **BRANDON FL 33509**

TITLE: **President Elect** ☐ Delete
 NAME: **Jaime Caraves, Jaime**
 STREET ADDRESS: **7373 S.W. 60th Street**
 CITY-ST-ZIP: **Miami, FL 33143**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D** ☐ Change ☐ Addition
 NAME: **Jaime Caraves, Jaime**
 STREET ADDRESS: **300 S. Hyde Park Ave. Suite 501**
 CITY-ST-ZIP: **Tampa, FL 33606**

TITLE: **D** ☐ Change ☐ Addition
 NAME: **Howes, Rebecca**
 STREET ADDRESS: **1301 Riverplace Blvd. #500**
 CITY-ST-ZIP: **Jacksonville, FL 32207**

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

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

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

Date

Daytime Phone #

1/8/02

727-898-2411

CR2E037 (9/01)