

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90050 034 ****70.00

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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**

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Deborah A. Mitrovka (Deborah A. Mitrovka)

7/10/03

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUSSO, JACQUI	
STREET ADDRESS	300 SOUTH HYDE PARK AVE SUITE 201	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOWES, REBECCA	
STREET ADDRESS	1301 RIVERPLACE BLVD #500	
CITY-ST-ZIP	JACKSONVILLE FL 33207	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HARGROVE, JULIE	
STREET ADDRESS	109 MARSH LAKES DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CALHAUN, LINDA	
STREET ADDRESS	PO BOX 925	
CITY-ST-ZIP	BRANDON FL 33509	
TITLE	PE	<input checked="" type="checkbox"/> Delete
NAME	CARAVES, JAIME	
STREET ADDRESS	7373 SW 60TH STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rebecca Davison	
STREET ADDRESS	1301 Riverplace Blvd #500	
CITY-ST-ZIP	Jacksonville FL 33207	
TITLE	PE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alejandro Bonet	
STREET ADDRESS	1965 N.W. 17th Ave.	
CITY-ST-ZIP	Miami FL 33125	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ian Telford	
STREET ADDRESS	35 West Central Blvd. Ste. #400	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Julie Volosin	
STREET ADDRESS	4300 W. Cypress St. Ste. #830	
CITY-ST-ZIP	Tampa, FL 33607	
TITLE	PP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jaime Caraves	
STREET ADDRESS	7373 SW 60th Street	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	ED	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deborah A. Mitrovka	
STREET ADDRESS	110-20th Ave North	
CITY-ST-ZIP	St. Petersburg, FL 33704	

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 (Deborah A. Mitrovka) Exe. Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)