

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770729

1. Entity Name

THE NATIONAL SOCIETY OF WASHINGTON FAMILY DESCEN

Principal Place of Business

Mailing Address

DESCENDANTS, INC.
POST OFFICE BOX 3124
TALLAHASSEE FL 32315-0124

DESCENDANTS, INC.
POST OFFICE BOX 3124
TALLAHASSEE FL 32315-3124

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

59-2344608

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

JETT, ROBERT S., JR.
325 JOHN KNOX RD.
SUITE D-102
TALLAHASSEE FL 32303-1158

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

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 PD
NAME MILLER, JANET
STREET ADDRESS 105 ANEMONE CIR
CITY-ST-ZIP GEORGETOWN TX 78628 ☐ Delete

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

TITLE SD
NAME WALKER, PATRICIA
STREET ADDRESS 6964 OLDGATE CIR
CITY-ST-ZIP NEW PORT RICKIE FL 34655 ☐ Delete

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

TITLE VD
NAME SHAFFNER, MARY K.
STREET ADDRESS 1602 REVERE DR.
CITY-ST-ZIP ALEXANDRIA VA ☐ Delete

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

TITLE TD
NAME DEAN, ROBERT T
STREET ADDRESS 4400 BELMONT PARK TERR #135
CITY-ST-ZIP NASHVILLE TN 37215 ☐ Delete

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

TITLE V
NAME JORDAN, RICHARD D III
STREET ADDRESS 5015 HARBORTOWN LANE #201
CITY-ST-ZIP FT MYERS FL ☐ Delete

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

TITLE VD
NAME RAABE, VICTORIA
STREET ADDRESS 37412 WINEBERRY LANE
CITY-ST-ZIP PURCELLEVILLE VA 20312-4019 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2001 615-297-7313
Date Daytime Phone #

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90116 039 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)