

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90442 017 \*\*\*\*61.25

DOCUMENT # N00000000644

1. Entity Name

ARMA INTERNATIONAL JACKSONVILLE CHAPTER, INC.

Principal Place of Business

Mailing Address

P.O. BOX 456  
FERNANDINA BEACH FL 32035

P.O. BOX 456  
FERNANDINA BEACH FL 32035

UUUJ1704

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. BOX 2438  
JACKSONVILLE, FL  
32203-2438 USA

4. FEI Number

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

COATS, ELAINE  
191 NASSAU PLACE  
YULEE FL 32097

Name JOYCE A. SHIGO

Street Address (P.O. Box Number is Not Acceptable)

1334 GLASS LAKE

City

PONTE VEDRA BEACH

FL

32082

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

*Joyce A. Shigo*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

APRIL 3, 2001

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 CHAIRMAN AND DIRECTOR ☐ Delete

NAME ELAINE COATS  
STREET ADDRESS 191 NASSAU PLACE  
CITY-ST-ZIP YULEE, FL 32097

TITLE PRESIDENT AND DIRECTOR ☐ Delete

NAME LINDA A. MAYERS  
STREET ADDRESS 5500 SHAWLAND ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32254

TITLE SECRETARY AND DIRECTOR ☐ Delete

NAME JOYCE A. SHIGO  
STREET ADDRESS 1331 BAY MEADOWS WAY  
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE VICE PRESIDENT AND DIRECTOR

NAME JOHN LAZUK  
STREET ADDRESS 500 WATER STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32203

TITLE TREASURER AND DIRECTOR ☐ Delete

NAME VIVIAN BRIDGEMAN  
STREET ADDRESS P.O. BOX 40725  
CITY-ST-ZIP JACKSONVILLE, FL 32203

TITLE DIRECTOR ☐ Delete

NAME DE DE OWENS  
STREET ADDRESS P.O. BOX 45085  
CITY-ST-ZIP JACKSONVILLE, FL 32232

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME DIRECTOR HARRIETTE BRINSON  
STREET ADDRESS 500 WATER STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32202

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:

*Joyce A. Shigo*  
JOYCE A. SHIGO, SECRETARY

APRIL 3, 2001 (904) 281-3446

Date

Daytime Phone #

CR2E037 (10/00)