

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

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90051 005 ****61.25

DOCUMENT # N00000002158

1. Entity Name

DIGNITY-U-WEAR FOUNDATION, INC.



Principal Place of Business

**4615 PHILLIAS HWY
STE 2
JACKSONVILLE FL 32207-7265**

Mailing Address

**4615 PHILLIAS HWY
STE 2
JACKSONVILLE FL 32207-7265**

2. Principal Place of Business

136 N. Myrtle Ave.
Suite, Apt. #, etc.

3. Mailing Address

136 N. Myrtle Ave.
Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32204

Country

USA

Zip

32204

Country

USA

4. FEI Number **59-3635885**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MANTZ, THOMAS F
4615 PHILLIAS HWY STE 2
JACKSONVILLE FL 32207-7215**

7. Name and Address of New Registered Agent

Name **Mattos, Michael J.**
Street Address (P.O. Box Number is Not Acceptable)
136 N. Myrtle Ave.
City **Jacksonville** FL Zip Code **32204**

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 **Michael J. Mattos**

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

(NOTE: Registered Agent signature required when reinstating)

1/13/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LANDWIRTH, HENRI 4615 PHILLIPS HIGHWAY STE 2 JACKSONVILLE FL 32207-7215 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D USSERY, LISA 4615 PHILLIPS HIGHWAY STE 2 JACKSONVILLE FL 32207-7265 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIXTER, LINDA 4615 PHILLIPS HWY STE 2 JACKSONVILLE FL 32207-7265 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JONES, HUGH H JR 5210 BELFORT ROAD STE 140 JACKSONVILLE FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDWIRTH, GREGORY D 15328 WINDING CREEK DRIVE TAMPA FL 33613 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOTTLIEB, MEL 4131 SUNBEAM ROAD STE 250 JACKSONVILLE FL 32257 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **HUMANITARIAN REQUIRED**

1/13/03

60007846



☐ CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)