

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

AMENDED

FILED 07-08-2003 90026 042 ***61.25
N00000002158

03 JUL 10 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000002158

1. Entity Name
DIGNITY-U-WEAR FOUNDATION, INC.

Principal Place of Business
136 N MYRTLE AVE
JACKSONVILLE, FL 32204

Mailing Address
136 N MYRTLE AVE
JACKSONVILLE, FL 32204

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

59-3635885

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

MATTES, MICHAEL J
136 N MYRTLE AVE
JACKSONVILLE, FL 32204

7. Name and Address of New Registered Agent

Name: Arrowsmith, John A.
Street Address (P.O. Box Number is Not Acceptable):
136 N Myrtle Avenue
City: Jacksonville FL 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

John A. Arrowsmith

J.A. Arrowsmith

7/7/03

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

NOTE: Registered Agent signature required when registering.

DATE

FILE NOW FEES \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DC	☐ Delete
NAME	LANDWIRTH, HENRI	
STREET ADDRESS	4815 PHILLIPS HIGHWAY STE 2	
CITY-STATE-ZIP	JACKSONVILLE, FL 322077215	
TITLE	D	☐ Delete
NAME	USSERY, LISA	
STREET ADDRESS	4815 PHILLIPS HIGHWAY STE 2	
CITY-STATE-ZIP	JACKSONVILLE, FL 322077265	
TITLE	D	☐ Delete
NAME	MDTER, LINDA	
STREET ADDRESS	4815 PHILLIPS HWY STE 2	
CITY-STATE-ZIP	JACKSONVILLE, FL 322077265	
TITLE	DT	☐ Delete
NAME	JONES, HUGH H JR	
STREET ADDRESS	5210 BELFORT ROAD STE 140	
CITY-STATE-ZIP	JACKSONVILLE, FL 32266	
TITLE	D	☐ Delete
NAME	LANDWIRTH, GREGORY D	
STREET ADDRESS	15328 WINDING CREEK DRIVE	
CITY-STATE-ZIP	TAMPA, FL 33613	
TITLE	D	☐ Delete
NAME	GOTTLIEB, MEL	
STREET ADDRESS	4131 SUNBEAM ROAD STE 260	
CITY-STATE-ZIP	JACKSONVILLE, FL 32257	

TITLE		☐ Change ☐ Addition
NAME	Landwirth, Henri	
STREET ADDRESS	136 N. Myrtle Ave	
CITY-STATE-ZIP	Jacksonville FL 32204	
TITLE		☐ Change ☐ Addition
NAME	Ussery, Lisa	
STREET ADDRESS	136 N. Myrtle Ave	
CITY-STATE-ZIP	Jacksonville, FL 32204	
TITLE		☐ Change ☐ Addition
NAME	Michr, Linda	
STREET ADDRESS	136 N. Myrtle Ave	
CITY-STATE-ZIP	Jacksonville, FL 32204	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

John A. Arrowsmith

7/7/03

914-636-9485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expires: Please

07REC037 (10/02)