

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N00000002165** ✓

1. Entity Name

**SOUTH SHORES NEIGHBORHOOD WATCH ASSOCIATION, INC.**

**FILED**  
**Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90040 039 \*\*\*\*61.25

Principal Place of Business  
**2116 Huntsford Road**  
**Jacksonville, Florida 32207**

Mailing Address  
**2116 Huntsford Road**  
**Jacksonville, Florida 32207**

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

**59-3694991**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**A0051062**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Deborah Rambach**  
**2121 Southampton Road**  
**Jacksonville, Florida 32207**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**President/Director** ☐ Delete  
**Gary Ulrich**  
**919 Old Hickory**  
**Jacksonville, Florida 32207**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Director** ☐ Change ☐ Addition  
**Letty Wood Tyre**  
**1025 South Shores**  
**Jacksonville, Florida 32207**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Vice President/Director** ☐ Delete  
**Jane Wittwer**  
**2116 Huntsford Road**  
**Jacksonville, Florida 32207**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Secretary/Director** ☐ Delete  
**Denise Griggs**  
**830 Old Hickory**  
**Jacksonville, Florida 32207**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Treasurer** ☐ Delete  
**Jeanine Balanky**  
**725 Old Hickory**  
**Jacksonville, Florida 32207**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Director** ☐ Delete  
**Susan Dunahoe**  
**746 Old Hickory**  
**Jacksonville, Florida 32207**

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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: Jane Wittwer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jane Wittwer** **4/12/01** **(904) 632-2010**

Date

Daytime Phone #

CR2E037 (11/00)