

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001728

1. Entity Name

ERITREAN-AMERICAN SOCIETY OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

1780 CHANDELIER CIRCLE WEST
JACKSONVILLE FL 32225

1780 CHANDELIER CIRCLE WEST
JACKSONVILLE FL 32225

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 59-3714215

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

TESFAZION, ANDEMICHAE T
1780 CHANDELIER CIRCLE WEST
JACKSONVILLE FL 32225

Name

ANDEMICHAE T. TESFAZION P/T

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

1780 chandelier circle west

Jacksonville

City

Jacksonville

FL

Zip Code

32225

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 ANDEMICHAE T. TESFAZION Andemichael Tesfazion P/T 3-15-02
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	V/P	☐ Delete
NAME	HAILL WELDEGHORGIS	
STREET ADDRESS	2415 SHELBY Creek Road	
CITY-ST-ZIP	Jacksonville, FL 32221	
TITLE	Secretary	☐ Delete
NAME	GHIDEY GEBRAMARIAM	
STREET ADDRESS	9532 SOUTH BROOK DRIVE	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	BOARD MEMBER	☐ Delete
NAME	GHEBREBERHAN GHEBREZGHER	
STREET ADDRESS	4909 BLIGE Street	
CITY-ST-ZIP	Jacksonville, FL 32258	
TITLE	BOARD MEMBER	☐ Delete
NAME	LOUIS L MILLER	
STREET ADDRESS	9532 SOUTH BROOK DRIVE	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	BOARD MEMBER	☐ Delete
NAME	TESFAMARIAM WELDEGHORGIS	
STREET ADDRESS	1839 Spring Branch Dr. South	
CITY-ST-ZIP	Jacksonville, FL 32221	
TITLE		☐ Delete
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		
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: ANDEMICHAE T. TESFAZION Andemichael Tesfazion 3/15/02 (904) 221-4291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE