

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 16, 2001 8:00 am**  
**Secretary of State**

02-16-2001 90026 004 \*\*\*\*61.25

**DOCUMENT # N30413**

1. Entity Name

**ROSALIE JAMES CIRCLE OF THE INTERNATIONAL ORDER**

Principal Place of Business

% MRS. ELOISE HERDON.  
42 MAGNOLIA AVE..  
ST. AUGUSTINE FL 32084

Mailing Address

% MRS. ELOISE HERDON.  
P. O. BOX 5166  
ST. AUGUSTINE FL 32085-5166  
US

2. Principal Place of Business

46 Billie Pruitt  
Suite, Apt. #, etc.  
1 Luwanna Circle

3. Mailing Address

P.O. Box 5166  
Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32080

Country

Zip

32085-5166

Country

4. FEI Number

59-6134738

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MURRAY, JANE R  
7437 HWY A1A SOUTH  
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURRAY, JANE R 7437 HWY A1A S. ST. AUGUSTINE FL 32084-8202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARDEN, JEAN 6301 COASTANERO RD ST. AUGUSTINE FL 32084	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REFOSCO, JANE 1297 ROSCOE BLVD PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CANFIELD SALLY, 718 SACOCT SAINT AUGUSTINE FL 32086	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARDEN, JIMMIE W 6301 COSTANERO RD ST. AUGUSTINE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, MINNA 12 D'AYALLON AVE ST AUGUSTINE FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Murray Jane R. 7437 Hwy A1A South St. Augustine FL 32080-8202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Linda Huff 2740 G Stratton Blvd St. Augustine FL 32095	<input checked="" type="checkbox"/> Change <input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Billie Pruitt 1 Luwanna Circle St. Augustine, FL 32080	<input checked="" type="checkbox"/> Change <input checked="" 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-2001

Date

Daytime Phone #

CR2E037 (10/00)