

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31601

1. Entity Name

SPRINGFIELD IMPROVEMENT ASSOCIATION AND WOMAN'S

FILED

May 10, 2000 8:00 am
Secretary of State

05-10-2000 90106 030 ****70.00

Principal Place of Business

Mailing Address

210 W. SEVENTH ST.
JACKSONVILLE FL 32206

210 W. SEVENTH ST.
JACKSONVILLE FL 32206-4436

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

59-2989134

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, MELODY
1533 N PEARL ST
JACKSONVILLE FL 32206

Name

Lisa Neary

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

231 E. 7th Street

Historic Springfield

City

Jacksonville

FL

Zip Code

32206

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

Lisa Neary

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

(NOTE: Registered Agent signature required when reinstating)

4-27-2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

X

\$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	PT	<input checked="" type="checkbox"/> Delete
NAME	SMITH, MELODY	
STREET ADDRESS	1533 N PEARL ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	POLKEY, TRINA	
STREET ADDRESS	1445 SILVER ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	CARLON ROBINSON	
STREET ADDRESS	330 E. 5TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MONTES, MELANIE	
STREET ADDRESS	320 E. 9TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	T	<input type="checkbox"/> Delete
NAME	MONTES, MELANIE	
STREET ADDRESS	320 E 9TH ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	PATRICIA TILL	
STREET ADDRESS	1636 N PEARL ST	
CITY-ST-ZIP	JACKSONVILLE FL 32206	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Melanie Montes	
STREET ADDRESS	320 E. 9th Street	
CITY-ST-ZIP	Jacksonville FL 32206	
TITLE	1st VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Annelle Williams	
STREET ADDRESS	1704 N Pearl Street	
CITY-ST-ZIP	Jacksonville FL 32206	
TITLE	2nd VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Annie Ezell	
STREET ADDRESS	20 W. 4th Street	
CITY-ST-ZIP	Jacksonville FL 32206	
TITLE	3rd VPT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eva Olyres	
STREET ADDRESS	1843 Hubbard Street	
CITY-ST-ZIP	Jacksonville FL 32206	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lisa Neary	
STREET ADDRESS	231 E. 7th Street	
CITY-ST-ZIP	Jacksonville, FL 32206	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Katharine Strickland	
STREET ADDRESS	247 E. 9th Street	
CITY-ST-ZIP	Jacksonville	

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:

Melanie Montes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2000 (904) 296-5000

Date

Daytime Phone #

CR2E037 (9/99)