

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32881

1. Entity Name

DOWN SYNDROME ASSOCIATION OF JACKSONVILLE, INC.

Principal Place of Business

7932 HUNTERS GROVE ROAD
JACKSONVILLE FL 32256
US

Mailing Address

7932 HUNTERS GROVE ROAD
JACKSONVILLE FL 32256-7216
US

2. Principal Place of Business

4331 ST. ALBANS DRIVE

Suite, Apt. #, etc.

3. Mailing Address

7892 KNOWL DRIVE N.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-2216636

Applied For

Not Applicable

Zip

32257

Country

USA

Zip

32221-6126

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WATTS, GREGORY
7932 HUNTERS GROVE ROAD
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

KENNETH S. HARTWIG

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

7892 KNOWL DRIVE N.

City

JACKSONVILLE

FL

Zip Code

32221-6126

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

Kenneth S. Hartwig TREASURER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

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	ED	<input type="checkbox"/> Delete
NAME	MONTGOMERY, BRENT	
STREET ADDRESS	4600 BRACH BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WATTS, GREGORY	
STREET ADDRESS	7932 HUNTERS GROVE ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MORAN, BERNADETTE	
STREET ADDRESS	3312 ST JOHNS AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	CBOD	<input type="checkbox"/> Delete
NAME	ADAMS, SUSAN C	
STREET ADDRESS	2714 MCGIRTS COVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARMSTRONG, GEORGE	
STREET ADDRESS	807 NIRA STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARN, PAMELA	
STREET ADDRESS	800 PRUDENTIAL BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTWIG, KENNETH S.	
STREET ADDRESS	7892 KNOWL DRIVE N.	
CITY-ST-ZIP	JACKSONVILLE, FL 32221-6126	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Kenneth S. Hartwig JIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

(904) 633-4778

Daytime Phone #

CR2E037 (9/99)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90180 006 ****61.25



DO NOT WRITE IN THIS SPACE