

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 05, 2001 8:00 am
Secretary of State

05-30-2001 90030 002 ****61.25

DOCUMENT # **A9300000 4089**

1. Entity Name

THE BRAIDS COMMITTEE, INC.

Principal Place of Business

Mailing Address

P.O. Box 380035

P.O. Box 380035

JACKSONVILLE, FL. 32205

JACKSONVILLE, FL. 32205

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

59-320-1236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

COLLINS, DE ANN
1846 MARGARET ST. # 9B
JACKSONVILLE, FL. 32204

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

DeAnn J. Collins, Chairman

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

(NOTE: Registered Agent signature required when reinstating)

6/28/01

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 **C.D.** ☐ Delete
 NAME **DE ANN COLLINS**
 STREET ADDRESS **1846 MARGARET ST. #9B**
 CITY-ST-ZIP **JACKSONVILLE, FL. 32204**

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

TITLE **TD** ☐ Delete
 NAME **FRIEDA SARAGA**
 STREET ADDRESS **3820 LA VISTA CIR #116**
 CITY-ST-ZIP **JACKSONVILLE, FL. 32217**

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

TITLE **YCD** ☐ Delete
 NAME **LOUISE HARDMAN**
 STREET ADDRESS **2853 CORINTHIAN AVE. #1**
 CITY-ST-ZIP **JACKSONVILLE, FL. 32210**

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

TITLE **SD** ☐ Delete
 NAME **DEBBIE CARTER**
 STREET ADDRESS **803 WOODHILL DR.**
 CITY-ST-ZIP **JACKSONVILLE, FL. 32216**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

Frieda Saraga, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/24/01 904348864

Daytime Phone

CR2E037 (11/00)