

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 03, 2003 8:00 am**  
**Secretary of State**

09-03-2003 90020 023 \*\*\*\*\*61.25

**DOCUMENT # N93000004089**

1. Entity Name

**THE BRAIDS COMMITTEE, INC.**



Principal Place of Business

P.O. BOX 380035  
JACKSONVILLE FL 32205  
US

Mailing Address

P.O. BOX 380035  
JACKSONVILLE FL 32205  
US

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 **59-3201236**

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

**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. I am familiar with, and accept the obligations of registered agent.

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**  
**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☒ Delete  
NAME **COLLINS, DEANN**  
STREET ADDRESS **1846 MARGARET ST, #98**  
CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **BETH SCHAAN**  
STREET ADDRESS **2054 RIVERSIDE AVE. #4302**  
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

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

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
NAME **JACK SLAUGHTER**  
STREET ADDRESS **4216 HERSCHEL ST.**  
CITY-ST-ZIP **JACKSONVILLE, FL 32205**

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

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **BONNIE UPRIGHT**  
STREET ADDRESS **1151 BROKEN ARROW DR.**  
CITY-ST-ZIP **ORANGE PARK, FL 32065**

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

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: **TRICIA H. HARRIS**

**8/29/03 904 3492**

CR2E037 (4/03)