

## 2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED

May 11, 2000 8:00 am  
Secretary of State

04-10-2000 90080 043 \*\*\*\*61.25

DOCUMENT # N93000004268

1. Entity Name

NORTHEAST FLORIDA WOMEN IN INTERNATIONAL TRADE.

Principal Place of Business

9802 BAYMEADOWS RD  
SUITE 12  
JACKSONVILLE FL 32256

Mailing Address

9802 BAYMEADOWS RD  
SUITE 12  
JACKSONVILLE FL 32256-7987

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3204508

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KNIGHT, JAN  
9802 BAYMEADOWS RD  
STE 12  
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name Deborah Lofberg

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

9802 Baymeadows Rd.

Suite 12

City Jacksonville

FL

Zip Code 32256

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

Deborah L. Lofberg

DEBORAH L. LOFBERG

4-4-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution.☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
PD	MORGAN, BARBARA	9802 BAYMEADOWS RD ST 12	JACKSONVILLE FL 32256	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VPD	CHANEY, JUANITA	9802 BAYMEADOWS RD ST 12	JACKSONVILLE FL 32256	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
ST	SPRUALL, KIM J	9802 BAYMEADOWS RD ST 12	JACKSONVILLE FL 32256	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
D	KNIGHT, JAN	6780 MAGNOLIA LANE	ST. AUGUSTINE FL 32084	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
President	Mary Ellen Ludeking	9802 Baymeadows Rd., Suite 12	Jacksonville, FL 32256	<input type="checkbox"/>	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
Secretary				<input checked="" type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Vice President	Karan Barakat	9802 Baymeadows Rd., Suite 12	Jacksonville, FL 32256	<input type="checkbox"/>	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Vice President	Deborah Lofberg	9802 Baymeadows Rd., Suite 12	Jacksonville, FL 32256	<input type="checkbox"/>	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Treasurer	Nancy Messer	9802 Baymeadows Rd., Suite 12	Jacksonville, FL 32256	<input type="checkbox"/>	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Director	Nancy Olson	9802 Baymeadows Rd., Suite 12	Jacksonville, FL 32256	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

Deborah L. Lofberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

all listed above are directors