

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 91009 014 ****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**

734087



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3204508

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LOFBERG, DEBORAH
 9802 BAYMEADOWS RD
 STE 12
 JACKSONVILLE FL 32256**

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

Deborah Lofberg

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

(NOTE: Registered Agent signature required when reinstating)

2/7/01

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 PD ☒ Delete
 NAME ~~LUDEKING, MARY E~~
 STREET ADDRESS 9802 BAYMEADOWS RD ST 12
 CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE DVP ☒ Change ☒ Addition
 NAME Dagmar Tencer
 STREET ADDRESS 9802 Baymeadows Rd, St 12
 CITY-ST-ZIP Jacksonville, FL 32256

TITLE SD ☒ Delete
 NAME CHANEY, JUANITA
 STREET ADDRESS 9802 BAYMEADOWS RD ST 12
 CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE Secretary ☒ Change ☒ Addition
 NAME Stephanie Lawson
 STREET ADDRESS 9802 Baymeadows Rd St 12
 CITY-ST-ZIP Jacksonville, FL 32256

TITLE DVP ☐ Delete
 NAME BARAKAT, KARAN
 STREET ADDRESS 9802 BAYMEADOWS RD ST 12
 CITY-ST-ZIP JACKSONVILLE FL 32256

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

TITLE DVP ☐ Delete
 NAME LOFBERG, DEBORAH
 STREET ADDRESS 9802 BAYMEADOWS RD., STE 12
 CITY-ST-ZIP JACKSONVILLE FL 32256

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

TITLE DT ☐ Delete
 NAME MESSER, NANCY
 STREET ADDRESS 9802 BAYMEADOWS RD., STE 12
 CITY-ST-ZIP JACKSONVILLE FL 32256

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

TITLE D ☒ Delete
 NAME OLSON, NANCY
 STREET ADDRESS 9802 BAYMEADOWS RD., STE 12
 CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE President ☒ Change ☐ Addition
 NAME NANCY OLSON
 STREET ADDRESS 9802 Baymeadows Rd, Ste 12
 CITY-ST-ZIP Jacksonville, FL 32256

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 Lofberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/01

Date

904-367-0055

Daytime Phone #

CR2E037 (10/00)