2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **N94000003323** Mar 02, 2000 8:00 am 1. Entity Name **Secretary of State** GREATER NORTHWEST QUADRANT ASSOC., INC. 03-02-2000 90119 042 ****61.25 Principal Place of Business Mailing Address 312 W 8TH ST 312 W 8TH ST JACKSONVILLE FL 32206-4331 JACKSONVILLE FL 32206 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 11425 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BROWN, PHILLIP 312 W 8TH ST JACKSONVILLE FL 32206 City Zip Code FI 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. · Department of State Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. Addition ☐ Change TITLE DP ☐ Delete TITLE NAME BROWN, PHILLIP NAME STREET ADDRESS STREET ADDRESS 312 W 8TH ST CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32206 ☐ Change Delete TITLE TITLE NAME Brown, Debra L NAME STREET ADDRESS STREET ADDRESS 1342 MARLEE RD. CITY-ST-ZIE CITY-ST-ZIP SWITZERLAND FL 32259 Addition ☐ Delete TITLE TITLE DS NAME NAME goins, annette STREET ADDRESS STREET ADDRESS 1303 LAURA ST CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32206 Addition TITLE ☐ Delete TITLE NAME DAVIS, CAROL NAME STREET ADDRESS STREET ADDRESS 314 W 6TH ST CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32206 Addition ☐ Delete TITLE NAME NAME lewis, veronica STREET ADDRESS STREET ADDRESS 4450 WILL SCARLET RD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32208 ☐ Addition Delete TITLE KANAWATI, DINA NAME NAME STREET ADDRESS STREET ADDRESS 8789 SOUTHWEST BLVD.,#2007 CITY-ST-ZIP 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

SIGNATURE: SIGNATURE:

changed, or on an attachment with an address, with

1-12-00

704356 139

DOC# N94000003323 901858

#4

Please nake FEI Number

Correction

Correct # 59-3616561



FACSIMILE TRANSMISSION INTERNAL REVENUE SERVICE

ATLANTA SERVICE CENTER PO BOX 47-421 TELE-TIN UNIT STOP 751 DORAVILLE, GA 30362

DATE 1-12-00	RECD	TIME
NAME Oumes Phil	lip Brown	FAX NUMBER 904-358-9954
F YOU HAVE ANY QUE OFFICE PLEASE CALL	COTTONS ADOLLT AN	NY FAX RECEIVED FROM OUR 5 OR (678) 530-7902.
TOTAL PAGE: 1 COMMENTS: WE HAN NUMBER FOR THE E	VE ASSIGNED AN NTITY (IES) SHOV OTIFICATION OF	EMPLOYER IDENTIFICATION VN BELOW. YOU SHOULD YOUR EMPLOYER
COMPANY NAME:	eath mous	nwen guasun wo
	CATION NUMBER	(EIN):59-3616561
COMPANY NAME:		-
EMPLOYER IDENTIF	ICATION NUMBER	(EIN):
- intion is	intended for the so	ole use of the individual to whom it is

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