

2001 UNIFORM BUSINESS REPORT (UBR)

5

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-15-2001 90156 035 ****61.25

DOCUMENT # N94000005083

1. Entity Name

WOMEN'S RESOURCE CENTERS OF JACKSONVILLE, INC.

LA

Principal Place of Business

12719 N MAIN ST
 JACKSONVILLE FL 32218

Mailing Address

12719 N MAIN ST
 JACKSONVILLE FL 32218

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

59-3271597

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

**KEELING, DWAYNE A
 15298 PARETE RD
 JACKSONVILLE FL 32218**

7. Name and Address of New Registered Agent

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

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**

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

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **KEELING, DWAYNE A**
 CITY-ST-ZIP **15298 PARETE RD
 JACKSONVILLE FL 32218**

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **ALBARADO, PENELOPE A**
 CITY-ST-ZIP **347 SUZANNE DR
 JACKSONVILLE FL 32218**

TITLE ☐ Delete
 NAME **DST**
 STREET ADDRESS **VANDORAN, RICK**
 CITY-ST-ZIP **14735 CAPSTAN DR
 JACKSONVILLE FL 32226**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 7, 2001

904-696-9800

Penelope Ann Albarado Vice President

CR2037 (10/00)