

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001859

1. Entity Name

DEAF WOMEN'S CLUB OF JACKSONVILLE, INCORPORATED

Principal Place of Business

Mailing Address

7306 ARBLE DRIVE  
JACKSONVILLE FL 32211

7306 ARBLE DRIVE  
JACKSONVILLE FL 32211-5000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

OSTROUT, CAROLYN H  
7306 ARBLE DRIVE  
JACKSONVILLE FL 32211

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	D	<input type="checkbox"/> Delete
NAME	OSTROUT, CAROLYN H	
STREET ADDRESS	7306 ARBLE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRASER, AUDREY	
STREET ADDRESS	9031 DANDY AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WHITING, SHAWN	
STREET ADDRESS	1620 TROTTERS BEND TRAIL	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TINSETH, MARY	
STREET ADDRESS	3946 ST JOHNS AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Stevens, Christine	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2843 Black	
STREET ADDRESS	Middleburg FL 32068	
CITY-ST-ZIP		
TITLE	Cramer, Joanne	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14410 Pablo Bay Dr	
STREET ADDRESS	Jacksonville FL 32224	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00

90474408697

Date

Daytime Phone #

FILED  
Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90124 049 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3378884

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent