

2001 UNIFORM BUSINESS REPORT (UBR)

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

001816

DOCUMENT # N96000001859

1. Entity Name

DEAF WOMEN'S CLUB OF JACKSONVILLE, INCORPORATED

01-29-2001 90128 008 ****61.25

Principal Place of Business

**7306 ARBLE DRIVE
 JACKSONVILLE FL 32211**

Mailing Address

**7306 ARBLE DRIVE
 JACKSONVILLE FL 32211**

00009693



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

59-3378884

☒ 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

**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.

Carolyn OstROUT

(NOTE: Registered Agent signature required when reinstating)

1/18/2001

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 **DP** ☐ Delete
 NAME **OSTROUT, CAROLYN H**
 STREET ADDRESS **7306 ARBLE DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

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

TITLE **DT** ☐ Delete
 NAME **FRASER, AUDREY**
 STREET ADDRESS **9031 DANDY AVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

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

TITLE **S** ☒ Delete
 NAME **STEVENS, CHRISTINE**
 STREET ADDRESS **2843 BLACKBERRY AVE**
 CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE ☒ Change ☐ Addition
 NAME **Sarah Parker**
 STREET ADDRESS **2814 Park Square Place**
 CITY-ST-ZIP **Fernandina Beach, FL 32034**

TITLE **D** ☐ Delete
 NAME **CRANMER, JOANNE**
 STREET ADDRESS **14410 PABLO BAY DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE OF Carolyn OstROUT

1/18/2001

Date

Daytime Phone #

9047440865

CR2E037 (10/00)