

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

01-13-2003 90427 019 ****70.00

DOCUMENT # N97000005306

1. Entity Name

MAGNOLIA ROW, INC.



Principal Place of Business

**2762 POST STREET
JACKSONVILLE FL 32206
US**

Mailing Address

**1178 6TH AVE N
JACKSONVILLE BEACH FL 32250
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3470206**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SINCLAIR, CHERYL
781 BONAIRE CIRCLE
JACKSONVILLE BEACH FL 32250**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	SINCLAIR, SHERYL DVP	
STREET ADDRESS	781 BONAIRE CR	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HIGLEY, RITA SD	
STREET ADDRESS	12496 ALTRILL RD	
CITY-ST-ZIP	JACKSONVILLE FL 32258	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUDSON, SANDRA L TD	
STREET ADDRESS	1178 6TH AVE N	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOMMARITO, CHERYL D	
STREET ADDRESS	1100 BENGATE#244	
CITY-ST-ZIP	NEPTUNE BEACH FL 32286	
TITLE	D	<input type="checkbox"/> Delete
NAME	FITZPATRICK, VICKI D	
STREET ADDRESS	1178 6TH AVE. N.	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	CARSTETTER, MARLENE PD	
STREET ADDRESS	6869 BAKERFIELD DR	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Alternate Board Member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" 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:

Sandra L. Hudson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/03 (904) 247-1861
Date Daytime Phone

CR2E037 (10/02)