

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005434

1. Entity Name

JACKSONVILLE ASSOCIATION OF ART GALLERIES, INC.

Principal Place of Business

1037 HENDRICKS AVENUE
JACKSONVILLE FL 32207

Mailing Address

1037 HENDRICKS AVENUE
JACKSONVILLE FL 32207

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL.

City & State

Jacksonville FL.

4. FEI Number

59-3576774

Applied For

Not Applicable

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

STICKLEY, GAIL
3545 ST. JOHNS AVENUE
JACKSONVILLE FL 32205

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 reappointing)

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	☐ Delete
NAME	MCANANY, ELLEN	
STREET ADDRESS	1037 HENDRICKS AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	☐ Delete
NAME	ROBERTS, RICHARD	
STREET ADDRESS	1037 HENDRICKS AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	☒ Delete
NAME	STICKLEY, GAIL	
STREET ADDRESS	1037 HENDRICKS AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
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	President	☒ Change ☒ Addition
NAME	Stuart Cohen	
STREET ADDRESS	3521-2 ST. Augustine Rd.	
CITY-ST-ZIP	Jacksonville FL 32207	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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)(f), 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, and authorized 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 an officer and authorized.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 21, 2001 8:00 am
Secretary of State

04-30-2001 90010 005 ****61.25

45490



DO NOT WRITE IN THIS SPACE

CH2E037 (10/00)