

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005719

1. Entity Name

WOMEN'S FOOD ALLIANCE OF NORTHEAST FLORIDA, INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90010 023 \*\*\*\*61.25

Principal Place of Business

4705 RIGGINGS WAY  
 AMELIA ISLAND FL 32034

Mailing Address

P.O. BOX 15182  
 FERNANDINA BEACH FL 32035-3104

2. Principal Place of Business

4705 Riggings Dr

3. Mailing Address

P.O. Box 15182

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Amelia Is. FL

City & State

Fernandina Beach FL

4. FEI Number

59-3563658

Applied For

Not Applicable

Zip

32034

Country

US

Zip

32034

Country

US

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

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

Executive Director

CORT, LEIGH  
 4705 RIGGINGS WAY  
 AMELIA ISLAND FL 32034

→ 535 Carcaba Rd

St Augustine FL 32084

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

Leigh Cort

Leigh Cort

7/23/00

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

After September 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	D ERICKSON, LIZ P.O. BOX 15182 FERNANDINA BEACH FL 32035-3104	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANSBURGH, NANCY P.O. BOX 15182 FERNANDINA BEACH FL 32035-3104	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COREY, YVONNE P.O. BOX 15182 FERNANDINA BEACH FL 32035-3104	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAY, PATTY P.O. BOX 15182 FERNANDINA BEACH FL 32035-3104	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBARROS, MARILA P.O. BOX 15182 FERNANDINA BEACH FL 32035-3104	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLICK, KAREN P.O. BOX 15182 FERNANDINA BEACH FL 32035-3104	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP YVONNE COREY Box 15182 Fernandina Bch. FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Donna Harden Box 15182 Fernandina Bch FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Dee Clark Box 15182 Fernandina Bch FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR Deborah Grove Box 15182 Fernandina Bch FL 32034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Leigh Cort (LEIGH CORT) Exec. Director

July 23, 2000

904-808-7106

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)