

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005678

1. Entity Name

DRESS FOR SUCCESS OF NORTHEAST FLORIDA, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90986 024 \*\*\*\*61.25

Principal Place of Business

1174 SALT MARSH CIR.  
PONTE VEDRA BCH FL 32082

Mailing Address

1174 SALT MARSH CIR.  
PONTE VEDRA BCH FL 32082-2542

2. Principal Place of Business

601 Riverside Ave G-05

3. Mailing Address

3528 MAJESTIC OAKS DR

Suite, Apt. #, etc.

G-05

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3611061

Applied For

Not Applicable

Zip

32204

Country

DUVAL

Zip

32277

Country

DUVAL

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

DUVALL, JOHN E ESQ.  
121 W. FORSYTH ST., SUITE 1000  
JACKSONVILLE FL 32202

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME BROWN, CAMILLUS  
STREET ADDRESS 1570 PARK TERR. WEST  
CITY-ST-ZIP W. ATLANTIC BCH FL 32233

TITLE ☐ Change ☒ Addition  
NAME BONOM, MARYANNE  
STREET ADDRESS 147 S. ROSCOE BLVD  
CITY-ST-ZIP PONTE VEDRA BCH, FL 32082

TITLE ☒ Delete  
NAME COUCH, JOYCE  
STREET ADDRESS 1300 BROAD ST.  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ Change ☒ Addition  
NAME GOGGIN, CINDY  
STREET ADDRESS 1301 S. FIRST ST  
CITY-ST-ZIP JACKSONVILLE BCH, FL 32250

TITLE ☐ Delete  
NAME GENTRY, SUSAN  
STREET ADDRESS 1224 REDBUD LAND  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Change ☒ Addition  
NAME MATHIS, PATTI  
STREET ADDRESS 1752 RIVERGATE TRAIL  
CITY-ST-ZIP JACKSONVILLE 32223

TITLE ☐ Delete  
NAME LUDWIG, HELEN TREAS.  
STREET ADDRESS 3528 MAJESTIC OAKS DR.  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ Change ☒ Addition  
NAME MCNEILL, BRANDY  
STREET ADDRESS 8273 LAKE EFFIE LANE EAST  
CITY-ST-ZIP JACKSONVILLE 32277

TITLE ☐ Delete  
NAME MOODY, CANDACE L Sec.  
STREET ADDRESS 333 E. MONROE ST.  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE ☐ Change ☒ Addition  
NAME TRUITT, DEBAM  
STREET ADDRESS 1858 OAKBREEZE COURT  
CITY-ST-ZIP JACKSONVILLE 32250

TITLE ☐ Delete  
NAME THOMPSON, MOLLY S PRES  
STREET ADDRESS 1174 SALT MARSH CIR.  
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

TITLE ☐ Change ☒ Addition  
NAME MASSENGILL, NANCY  
STREET ADDRESS 1336 WILLOW OAKS DR  
CITY-ST-ZIP JACKSONVILLE BCH 32250

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:

*Helen A. Ludwig*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-00 904-743-6042

CR2E037 (9/99)