

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90442 017 \*\*\*\*61.25

**DOCUMENT # N00000000644**

1. Entity Name

**ARMA INTERNATIONAL JACKSONVILLE CHAPTER, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 456  
 FERNANDINA BEACH FL 32035

P.O. BOX 456  
 FERNANDINA BEACH FL 32035

UUUJ1704



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P.O. BOX 2438**

City & State

City & State

**JACKSONVILLE, FL**

4. FFI Number

**59-0690965**

Applied For

Not Applicable

Zip

Country

**32203-2438**

Country

**USA**

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

**COATS, ELAINE**  
**191 NASSAU PLACE**  
**YULEE FL 32097**

Name **JOYCE A. SHIGO**

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

**15 SPYGLASS LAKE**

City

**POINTE VEDRA BEACH**

FL

**32082**

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

*Joyce A. Shigo*

Signature, typed or printed name of registered agent or director, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**APRIL 3, 2001**

**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	<b>CHAIRMAN AND DIRECTOR</b>	<input type="checkbox"/> Delete
NAME	<b>ELAINE COATS</b>	
STREET ADDRESS	<b>191 NASSAU PLACE</b>	
CITY-ST-ZIP	<b>YULEE, FL 32097</b>	
TITLE	<b>PRESIDENT AND DIRECTOR</b>	<input type="checkbox"/> Delete
NAME	<b>LINDA A. MAYERS</b>	
STREET ADDRESS	<b>5500 SHAWLAND ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32254</b>	
TITLE	<b>SECRETARY AND DIRECTOR</b>	<input type="checkbox"/> Delete
NAME	<b>JOYCE A. SHIGO</b>	
STREET ADDRESS	<b>1301 BAY MEADOWS WAY</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32256</b>	
TITLE	<b>VICE PRESIDENT AND DIRECTOR</b>	
NAME	<b>JOHN LAZUK</b>	
STREET ADDRESS	<b>500 WATER STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32202</b>	
TITLE	<b>TREASURER AND DIRECTOR</b>	<input type="checkbox"/> Delete
NAME	<b>VIVIAN BRIDWING</b>	
STREET ADDRESS	<b>P.O. BOX 40725</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32203</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Delete
NAME	<b>DE DE OWENS</b>	
STREET ADDRESS	<b>P.O. BOX 15085</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32232</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRIETTE BRINSON</b>	
STREET ADDRESS	<b>500 WATER STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32202</b>	

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:

*Joyce A. Shigo*  
**JOYCE A. SHIGO, SECRETARY**

**APRIL 3, 2001 (904) 281-3456**

Date

Daytime Phone #

CR2E037 (10/00)