

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740714

1. Entity Name

THE CENTRE FOR WOMEN, INC.

FILED Jan 29, 2000 8:00 am Secretary of State

TAMPA FL 50006 TAMPA FL 50006 Suite, Apr. e. etc.					01	-29-2000 90109 04:	3 ****70.00		
TAMPA FL 2006 TAMPA FL 2005-2233 Suite, Apr. II, etc.	Principal Plac	e of Business	Mailing Address	<u> </u>	_ _				
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Applied For International Applied For International Applied For International In	2. Principal P	1ace of Business	3. Mailing Address	•		F			
Zip Country Zip Country 6. Certificate of Status Desired 1/2 \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Add	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Supervised and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FIL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered diplor or registered agent, or both, in the state of Florida. SIGNATURE FILE NOW: FEE IS \$61.25 PILE NOW: FEE	City & State		City & State		4. FEI Numbe	59-1787902	<u> </u>		
FICULETTE, BETH 30S S HYDE PARK AVE TAMPA FL 33806 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Piorida. SIGNATURE Signature, yield or printer name of registered agent and their applicable. (NOTE Registered Agent agenture requires when recitating) DATE	Zip Country		Zip	Country	5. Certificate	of Status Desired	/ \$8.75 Add	litional	
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		Partify that the information supplied with	this filling does not qualify fo		ted in Section 119 07/3\/	i) Florida Statutes I furth	er certify that the h	 nformation	

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 i changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SWICOLARISE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR