

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 740714

FILED  
May 05, 2003  
Secretary of State

Entity Name: THE CENTRE FOR WOMEN, INC.

**Current Principal Place of Business:**

305 HYDE PARK AVENUE  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

305 HYDE PARK AVENUE  
TAMPA, FL 33606

**New Mailing Address:**

FEI Number: 59-1787902

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FICQUETTE, SARAH B  
305 S HYDE PARK AVE  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VPBD ( ) Delete  
Name: ELY, CHARLOTTE  
Address: 5223 N ORIENT ROAD  
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete  
Name: FORD, C. JO  
Address: 2830 FOUNTAIN BLVD  
City-St-Zip: TAMPA, FL

Title: PBD ( ) Delete  
Name: BARRETT, JACK  
Address: PO BOX 273811  
City-St-Zip: TAMPA, FL 33688

Title: D ( ) Delete  
Name: WISE, BONNIE  
Address: 100 SECOND AVE, STE 800  
City-St-Zip: ST PETERSBURG, FL 33701

Title: SBD ( ) Delete  
Name: CACCIATORE, LARRY  
Address: 5202 S LORS AVENUE  
City-St-Zip: TAMPA, FL 33611

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ANDERTON, ELLEN  
Address: PO BOX 111  
City-St-Zip: TAMPA, FL 33601

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDERTON, ELLEN

D

05/05/2003

Electronic Signature of Signing Officer or Director

Date