

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766522

1. Entity Name

FLORIDA ASSOCIATION FOR WOMEN LAWYERS, INC.

Principal Place of Business

317 E. PARK AVE  
TALLAHASSEE FL 32301  
US

Mailing Address

317 E. PARK AVE  
TALLAHASSEE FL 32301  
US

FILED

01 OCT 16 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3548 TRILLIUM CT

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 15998

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE FL

4. FEI Number

59-2383909

Applied For

Not Applicable

Zip

32312

Country

USA

Zip

32317-5998

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARQUE, CAROLYN  
317 E. PARK AVE  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

PAT STEPHENS

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

3548 TRILLIUM COURT

City

TALLAHASSEE

FL

Zip Code

32312

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

*Pat Stephens*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/7/01

FILE NOW: FEE IS \$61.25  
After September 12, 2001, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHALEN, J 2401 PGA BLVD, STE 140 PBG FL 33410	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED PARQUE, CAROLYN 317 E. PARK AVE TALLAHASSEE FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EAGAN, BARBARA 801 N. MAGNOLIA STE 301 ORLANDO FL 32802	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

### 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUSAN W. FOX 400 N. TAMPA STREET TAMPA, FL 33601	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT-ELECT SIOBHAN SHEA SUITE 101, 1601 FORUM PLACE WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MEREDITH NAGEL 1841 CELTIC ROAD TALLAHASSEE, FL 32311-1460	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED PAT STEPHENS 3548 TRILLIUM COURT TALLAHASSEE, FL 32312	<input 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:

*Pat Stephens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

9/7/01

Daytime Phone #

CR2E037 (5/01)