

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16809

1. Entity Name

EXECUTIVE WOMEN OUTREACH, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90009 043 ****61.25

Principal Place of Business

P.O. BOX 7476
WEST PALM BEACH FL 33405

Mailing Address

P.O. BOX 7476
WEST PALM BEACH FL 33405

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2703382

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIKE, JANE C
C/O PRIME OFFICE SYSTEMS
18838 N. OSPREY WAY
JUPITER FL 33458

7. Name and Address of New Registered Agent

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

TITLE **D** ☒ Delete
NAME **HEINS, NANCY L**
STREET ADDRESS **111 STILL LAKE DR**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **D** ☒ Delete
NAME **HOWARD, MIMI**
STREET ADDRESS **3932 RCA BLVD., STE 3204**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D** ☐ Delete
NAME **JACKSON, CYNTHIA J**
STREET ADDRESS **250 S. AUSTRALIAN AVE- 10TH FLR**
CITY-ST-ZIP **W. PALM BCH FL 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Change ☒ Addition
NAME **DOROTHY EWING**
STREET ADDRESS **301 N. OLIVE AVE # 5 FLR.**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **4400 PGA BLVD #800**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **MD** ☐ Change ☒ Addition
NAME **Michelle G. Veil, CPA**
STREET ADDRESS **324 DATURA ST #340**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **TD** ☐ Change ☒ Addition
NAME **KAREN CLARKE**
STREET ADDRESS **139 EGRET CIRCLE**
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE **ATD** ☐ Change ☐ Addition
NAME **JOYCE ELDEN**
STREET ADDRESS **250 AUSTRALIAN AVE SO. #500**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

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: *[Signature]* **SIGNATURE REQUIRED**

2-27-01 561-624-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)