# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 08, 2000 8:00 am**
**Secretary of State**
05-08-2000 90190 045 ****61.25

DOCUMENT # N47352

1. Entity Name

NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION OR

| Principal Place of Business | Mailing Address |
|---|---|
| 617 E. COLONIAL DR.<br>ORLANDO FL 32803 | 617 E. COLONIAL DR.<br>ORLANDO FL 32803-4602 |

A00000007

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3118249 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| STARN, LILLIAN E.<br>617 E. COLONIAL DRIVE<br>ORLANDO FL 32803 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>LEWIS BUCKLEY, STELLA<br>843 WOODEN BLVD<br>ORLANDO FL 32805 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MOORE-BUCK, LINDA<br>1060 MAITLAND CTR COMMONS, 180<br>MAITLAND, FL 32751 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>MOORE-BUCK, LINDA<br>1060 MAITLAND CTR COMMONS, 180<br>MAITLAND FL 32751 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>LOVEJOY-BLAYLOCK, RIKI<br>703 N. LAKE PESSUP AVE<br>ORLANDO, FL 32856 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>LOVEJOY-BLAYLOCK, RIKI<br>703 N LAKE PESSUP AVE<br>ORLANDO FL 32856 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>FREDRICK[illegible], GAIL<br>430 E. SEMORAN BLVD., SUITE 202<br>CASSELBERRY, FL 32707 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>COX, JEAN<br>850 TRASAGLER CT STE 100<br>MAITLAND FL 32751 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>STEVENS, BARBARA<br>800 TRAFALGAR COURT, SUITE 200<br>MAITLAND, FL 32751 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MONCADA, AMY<br>850 TRASALGAR CT STE 100<br>MAITLAND FL 32751 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>SMELTZ, PATRICIA<br>7715 HIGH PINE ROAD<br>ORLANDO, FL 32819 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>CAPOBIANCO, NANCY<br>450 N WYMORE RD<br>WINTER PK FL 32789 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>COX, JEAN<br>850 TRAFALGAR COURT, SUITE 100<br>MAITLAND, FL 32751 | ☒ Change ☐ Addition |

CR2E037 (9/99)

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:** Jean L. Cox SIGNATURE REQUIRED JEAN L. Cox 4/24/00 407-875-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #