2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47352

1. Entity Name

NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION OR

Principal Pl	lace of Business	Mailing Address			,				
617 E. COLO ORLANDO F			617 E. COLONIAL DR. ORLANDO FL 32803-4602			Малаала			
					((66(((0) 4))	ENRY IRRED IKAN EKNI			
2. Principa	I Place of Business	3. Mailing Address	3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Suite, Ar	pt. #, etc.	Suite, Apt. #, etc.							
City & S	state	City & State			4. FEI Number	4. FEI Number 59-3118249			
Zip	Country	Zip	Co	ountry	5. Certificate of	Status Desired		\$8 Fee	
	6. Name and Address of Cur	rent Registered Agent			7. Name and Ad	Idress of New R	egistered	d Ager	
617 E. C ORLAND	LILLIAN E. COLONIAL DRIVE DO FL 32803			City		dress (P.O. Box Number is Not Acceptable)			
8. The abo	ove named entity submits this statements Signature, typed or printed name of registered				r registered agent, or both, i	n the state of Flo	DATE		
	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.				ake Check Pay Department of		
10.	OFFICERS AN	D DIRECTORS 11.				ADDITIONS/CHANGES TO OFFICERS AN		DIREC	
TITLE	PD	☐ Delete	TI		7.0			×	

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



Applied For Not Applicable

Zip		Country	Zip	Country	5. Certific	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Curren	t Registered Agent	<u>'</u>	7. Name and Address of New Registered Agent					
				Nam	e					
STARN, LILLIAN E. 617 E. COLONIAL DRIVE					Street Address (P.O. Box Number is Not Acceptable)					
		IAE		- 1				ļ		
ORLANDO FL 32803					City FL Zip Code					
8. The above	named entity	submits this statement f	or the purpose of changing its	registered offic	e or registered agent, or	both, in the state of Florida.		- -		
SIGNATURE .										
	Signature, typed	or printed name of registered agen	at and title if applicable. (NOT	E: Registered Agent s	Agent signature required when reinstating) DATE					
				-		14-101-	a de Bassalda Aa	}		
T at Frank C			 Election Campaig Trust Fund Contrib 		\$5.00 May Be Added to Fees	Make Check Payable to Department of State				
	FEE IS	\$61.25	ilust i did Comin	oution.	Added to rees	Departi	ment or state	ļ		
10.		OFFICERS AND D	IRECTORS	11.	ADDITIONS/	/CHANGES TO OFFICERS AI	ND DIRECTORS IN	1 10		
TITLE	PD	OTTIOETIO AITO D	□ Delete	TITLE	72		Change	Addition		
NAME		CKLEY, STELLA	L Colors	NAME	00000-70	OK LINKA	/ \	_		
STREET ADDRESS	843 WOO			STREET ADDRI	SS /669 MAI	CK, LINDA TLAND CTR COM	mons, 18	10		
CITY-ST-ZIP	ORLANDO			CITY-ST-ZIP	MAITLAND	, FL 32751	, ,			
TITLE	VPD	FL 32003	Delete	TITLE	YPD	<u>, , , , , , , , , , , , , , , , , , , </u>	Change	Addition		
NAME		UCK, LINDA	, FT Delete	NAME		BLAYLOCK, RIA				
STREET ADDRESS		ILAND CTR COMMON	2 100	STREET ADDR		AKE PESSUPA		Į		
CITY-ST-ZIP			10, 100	CITY-ST-ZIP		FL 32856		- 1		
	VPD	FL 32751	□ Delete	TITLE	VPD	7- 32036	Change	Addition		
TITLE NAME		BLAYLOCK, RIKI	☐ Delete	NAME	FREDRICK	Track GAIL	Z			
STREET ADDRESS		•		STREET ADDR	S 430 E. SE	MORAN BLUD	SuiTE 202	. {		
CITY-ST-ZIP		KE PESSUP AVE		CITY-ST-ZIP		•				
	ORLANDO	FL 32836			SD	ERRY, FL 32'	Change	Addition		
TITLE	SD IEA	. 1	☐ Delete	TITLE NAME	STEVENS.	BARRADA	Change			
NAME	COX, JEA			STREET ADDR		ALLAR COURT,	S			
STREET ADDRESS CITY-ST-ZIP		AGLER CT STE 100		CITY-ST-ZIP	1 -	_		-		
	MAITLAND	FL 32/51			SD ST	D, FL 3275		Addition		
TITLE	SD		☐ Delete	TITLE		20-	Change	T Andinon		
NAME	MONCADA	•		NAME STREET ADDR	SMELTZ, T	H PINE ROAD		j		
STREET ADDRESS		ALGAR CT STE 100		CITY-ST-ZIP				i		
CITY-ST-ZIP		FL 32751				FL 32819	******			
TITLE	TD		☐ Delete	TITLE	TI		- Change	Addition		
NAME		ICO, NANCY		NAME	COX, JEA	N	ادر مرسوری	,_		
STREET ADDRESS	450 N WY			STREET ADDR		ALGAR COURT,				
CITY-ST-ZIP		K FL 32789		CITY-ST-ZIP		D. FL 32751				
12. Thereby of	certify that th	e information supplied wi	th this filing does not qualify for	or the exemption	stated in Section 119.07	/(3)(i), Florida Statutes. I furth	ner certify that the i	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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 4

SIGNATURE REGERED COX 4/24/00

407-875-8500