2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State
03-04-2002 90012 009 ****61.25

DOCUMENT # N47352

1. Entity Name

GREATER ORLANDO CHAPTER #73 OF THE NATIONAL ASSO CIATION OF WOMEN IN CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
617 E. COLONIAL DR. ORLANDO FL 32803	617 E. COLONIAL DR. ORLANDO FL 32803

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. 617 E. COLONIAL DRIVE ORLANDO FL 32803	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOVEJOY-BLAYLOCK, RIKI 703 N LAKE JESSUP AVE ORLANDO FL 32856	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JEAN COX 850 TRAFALGAR CT. STE 100 MAITLAND FL 32751	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD COX, JEAN 850 TRAFALGAR COURT, STE 100 MAITLAND FL 32751	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JEAN GREY 3701-3 50 LAKE ORL PKWY ORLANDO FL 32808	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MAYBIN, ROSE 1820 N GOLDENROD RD ORLANDO FL 32807	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Elise Palmieri 617 E Colonial DR ORLANDO FL 32803	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STEVENS, BARBARA 6649 WESTWOOD BLVD ORLANDO FL 32821-6090	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TRACY BOGGS 3333 LAWRENCE ST ORLANDO FL 32805	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GREY, JEAN 3701-3 50 LAKE ORL PKWY ORLANDO FL 32808	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CINDY SPIRDPOULOS 5426 S BRACKEN CT WINTER PARK FL 32792	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PALMIERI, ELISE 617 E COLONIAL DR ORLANDO FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SUSAN CLANTON PO BOX 685 LK PANASOFFKEE FL 33538	☒ Change ☐ Addition

CR2E037 (9/01)

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: Susan Clanton RED 2/19/02 407/421-8897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #