

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90107 017 \*\*\*\*61.25

**DOCUMENT # N97000002247**

**1. Entity Name**  
**THE INSTITUTE FOR SISTERS OF RESPECT, INC.**

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>C/O SAFEHOUSE<br>1201 NORTH BETTY LANE<br>CLEARWATER FL 34615 | <b>Mailing Address</b><br>C/O SAFEHOUSE<br>1201 NORTH BETTY LANE<br>CLEARWATER FL 34615 |
|---|---|

|                                       |  |
|---------------------------------------|--|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b><br>P.O. Box 1963 |
| Suite, Apt. #, etc.                   | Suite, Apt. #, etc.                        |

|   |                                    |   |
|---|------------------------------------|---|
| <b>City &amp; State</b><br>CLEARWATER, FL | <b>4. FEI Number</b><br>59-3584982 | Applied For<br><input type="checkbox"/> Not Applicable  |
| <b>Zip</b><br>33757-1963                  | <b>Country</b><br>FLORIDA          | <b>5. Certificate of Status Desired</b><br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**COLE, RHONDA**  
**1222 NICHOLSON STREET**  
**CLEARWATER FL 34616**

**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** \_\_\_\_\_ (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                            |  |
|---|--|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD</b><br>COLE, RHONDA<br>1222 NICHOLSON STREET<br>CLEARWATER FL 33755 <input type="checkbox"/> Delete    |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br>PSALMS, MACK<br>1001 MOHAWK STREET<br>CLEARWATER FL 33755 <input type="checkbox"/> Delete       |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br>DORSETT, DEBRA A<br>1341 WOODBINE STREET<br>CLEARWATER FL 33755 <input type="checkbox"/> Delete |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD</b><br>WADE, CHERYL L<br>908 PENNSYLVANIA AVE<br>CLEARWATER FL 33755 <input type="checkbox"/> Delete   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>WODE, JONATHAN<br>908 PENNSYLVANIA AVE<br>CLEARWATER FL 33755 <input type="checkbox"/> Delete    |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|---|---|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>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:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 SIGNATURE LIKE REQUIRED COLE

1/9/01 Date 727-464-8252 Daytime Phone #

CR2E037 (10/00)