

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P96000013410

1. Entity Name
ORLANDO WOMEN'S CENTER, INC.

FILED
01 MAY 29 PM 4: 46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1103 LUCERNE TERRACE
ORLANDO FL 32806

Mailing Address
1103 LUCERNE TERRACE
ORLANDO FL 32806



DO NOT WRITE IN THIS SPACE *W529*

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
609 VIRGINIA DRIVE
Suite, Apt. #, etc.

City & State
ORLANDO FLORIDA

4. FEI Number **59-3371179**
Applied For
Not Applicable

Zip **32803** Country **ORANGE**

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

PENDERGRAFT, JAMES S
1103 LUCERNE TERR.
ORLANDO FL 32806

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. (NOT) Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS PENDERGRAFT, JAMES SCOTT DR. 1103 LUCERNE TERRACE ORLANDO FL 32811 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MULLIS, HEIDI S 517 BROOKER RD. BRANDON FL 33511 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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******150.00 ****150.00**

13. 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 I, as an officer or director of the corporation or the receiver or trustee empowered to execute this report, signed or caused to be signed, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James S. Pendergraft, IV* **JAMES S. PENDERGRAFT, IV** 5/23/01 (407) 228-2808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)