

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000373

1. Entity Name

NATIONAL ASSOCIATION OF WOMEN IN CONSTRUCTION SP

Principal Place of Business

965 SOMERSET LN
MELBOURNE FL 32940

Mailing Address

965 SOMERSET LANE
MELBOURNE FL 32940-1631
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3392041

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

RENZI, KAREN
965 SOMERSET LN
MELBOURNE FL 32940

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]

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 D ☐ Delete
NAME MCELROY, ANGIE
STREET ADDRESS 1891 CRANE CREEK BLVD
CITY-ST-ZIP MELBOURNE FL 32940

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME BRADLEY, LINDA
STREET ADDRESS 4747 S WASHINGTON AVE #133
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Delete
NAME SARDINEER, ROSANN
STREET ADDRESS 3580 MURRELL RD
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ Change ☒ Addition
NAME FITZPATRICK, ANDREA
STREET ADDRESS 1645 ECHO DRIVE
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE D ☒ Delete
NAME CAMPBELL, PERI
STREET ADDRESS 551 S APOLLO BLVD, #206
CITY-ST-ZIP MELBOURNE FL 32901

TITLE D ☐ Change ☒ Addition
NAME LORRAINE, PATRICIA
STREET ADDRESS 551 S APOLLO BLVD, #206
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE D ☐ Delete
NAME RENZI, KAREN
STREET ADDRESS 965 SOMERSET LANE
CITY-ST-ZIP MELBOURNE FL 32940

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HOLMES, TERRI
STREET ADDRESS P O BOX 3042 N/A
CITY-ST-ZIP TITUSVILLE FL 32781

TITLE SD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 April 00 321-242-8405

Date

Daytime Phone #

CR2E037 (9/99)