2000 UNIFORM BUSINESS REPORT (UBR)

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3936 MARINE PKWY NEW PORT RICHEY No Applied 6. Name and Address of Current Registered Agent Chandler, Marie 4620 Dewey New Port Richey, FL 34652 SIGNATURE 100.	GULF	F HARBORS WOMEN O						
Suite And a circ. Suite, Apt. et al. City & State City & State Country Suite, Apt. et al. City & State A. FEI Number Applied I Many Many Many Many Many Many Many Many	Principal Place of Business 39.36 MARWE PKWY 39.3L MARINE NEW PORT RICHEY NEW PORT RICHEY			PKWY EY, FL 34		725 AM 9:23	,	
City & State Country A. FEI Number B. State Address of Current Registered Agent Chandler, Marie 4620 Dewey New Port Richey, FL 34652 B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Florida. B. First Address B. Election Campaign Financing B. Address of the Florida State Address of New Registered Agent A. FEI Number A. FEI Number A. Number of State City S. T. S. F. C. City S. T. S. C. City S.				,				
NEWPORT RICH BY FL Sa. 75 Adjusted Sa.					06-62-00 9000	3 oul \$1		
6. Name and Address of Current Registered Agent Chandler, Marie 4620 Dewey New Port Richey, FL 34652 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or poth, in the state of Florida. SIGNATURE SIGNAT	NEWPL	DRICHEY FL	, , , , , , , , , , , , , , , , , , ,		4. FEI Number	× No	pplied For ot Applicable	
Chandler, Marie 4620 Dewey New Port Richey, FL 34652 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or ooth, in the state of Florida. SIGNATURE		3 4		Country		Fee Require		
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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 PARKES A. KRE IDSK Signature. Upper or or inneal name of registered agent and the I applicable PARKES A. KRE IDSK Signature. Upper or or inneal name of registered agent and the I applicable NAME SIGNATURE Signature. Upper or or inneal name of registered agent and the I applicable NAME SIGNATURE Signature. Upper or or inneal name of registered agent and the I applicable NAME SIGNATURE Signature. Upper or or inneal name of registered agent and the I applicable NAME SIGNATURE Signature. Upper or or inneal name of registered agent and the I applicable NAME SIGNATURE Signature. Upper or or inneal name of registered agent and the I applicable NAME SIGNATURE Signature. Upper or or inneal name of registered agent and the I applicable NAME SIGNATURE Signature. Upper or or inneal name of registered agent and the I applicable NAME SIGNATURE Signature. Upper or or inneal name of registered agent, or both, in the state of Florida. Make Check Payable to Department of State Added to Fees Make Check Payable to Department of State NAME NAME NAME NAME SIGNATURE Added to Fees Added to Fees Make Check Payable to Department of State NAME NAME NAME NAME SIGNATURE Added to Fees NAME NAME NAME SIGNATURE Added to Fees NAME NAME NAME SIGNATURE ADDRESS CITY-ST-2P New Port Richey, FL 34652 Signature accurate agent and required aremain required adent remaining NAME NAME SIGNATURE Added to Fees NAME NAME NAME SIGNATURE ADDRESS CITY-ST-2P New Port Richey, FL 34652 Signature accurate agent and required agent required aremaining NAME NAME NAME SIGNATURE ADDRESS CITY-ST-2P New Port Richey, FL 34652 Change Added to Fees Make Check Payable to Department of State NAME NAME NAME NAME SIGNATURE ADDRESS CITY-ST-2P New Port Richey, FL 34652 Change NAME NAME SIGNATURE ADDRESS CITY-ST-2P New Port Richey, FL 3	The state of the s			NEW PORTRICHEY				
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SIGNATURE: FRANCES A. KREIDER 9/23/00 727-859-9193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayline Phone #