2001 UNIFORM BUSINESS REPORT (UBR)

0065629

DOCUMENT # P96000013410

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

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

DO NOT WRITE IN THIS SPACE AC 5/29

Principal Place of Business	Mailing Address
1103 LUCERNE TERRACE ORLANDO FL 32806	1103 LUCERNE TERRACE ORLANDO FL 32806

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	609 VIRGINIA DRIVE Suite, Apt. #, etc.
City & State	City & State ORLANDO FLORIDA
Zip / Country	Zip / Country 32803 ORANGE

4. FEI Number 59-3371179 ☐ 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
PENDERCRAFT, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW! FEE IS $150.00
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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MULLIS, HEIDI S 517 BROOKER RD. BRANDON FL 33511	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000004326500--8 -05/29/01--01142--020 ****150.00 ****150.00
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CR2E034 (10/00)

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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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