

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90002 042 ****70.00

DOCUMENT # 709616

1. Entity Name

ORANGE BLOSSOM COSMETOLOGIST'S ASSOCIATION, INCO

Principal Place of Business

**3222 N. 34TH STREET
TAMPA FL 33605**

Mailing Address

**P.O. BOX 76104
TAMPA FL 33605
US**

2. Principal Place of Business

3222 N 34th St.

3. Mailing Address

3222 N 34th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33605

Country

U.S.A.

Zip

33605

Country

USA

4. FEI Number

23-7310213

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MARSHALL, DOROTHY T.
413 CENTRAL AVE.
SARASOTA FL 33577**

7. Name and Address of New Registered Agent

Name **HAWKINS, HARRIET T.**

Street Address (P.O. Box Number is Not Acceptable)
571 SW 141 AVE EN 308

City

PEMBROKE PINES

FL

Zip Code

33087

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

Harriet T. Hawkins, Harriet T. Hawkins

2-25-01

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KNIGHT, NANCY J	
STREET ADDRESS	1777 18TH STREET, APT 115	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY, LUCILLE W	
STREET ADDRESS	2240 NW 124TH ST	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAHAM, DORETHA	
STREET ADDRESS	3517 10TH STREET	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONTGOMERY, THELMA	
STREET ADDRESS	912 GOLDYN AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERTHA SNEED	
STREET ADDRESS	1020 NW 47 TERR.	
CITY-ST-ZIP	MIAMI, FL. 33127	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORY LINGO	
STREET ADDRESS	924 NW 14 AVE	
CITY-ST-ZIP	MIAMI, FL. 33150	
TITLE	T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDITH WILLIAMS	
STREET ADDRESS	2611 EAST 23 AVE	
CITY-ST-ZIP	TAMPA, FL. 336	
TITLE	V.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LORRAINE J. BROWN	
STREET ADDRESS	1000 TURNER DAVIS ST.	
CITY-ST-ZIP	MADISON, FL. 32340	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Harriet T. Hawkins, Harriet T. Hawkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-01 (954) 442-8005

Date

Daytime Phone #

CR2E037 (10/00)