

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713615

1. Entity Name

COUNCIL FOR CONTINUING EDUCATION FOR WOMEN OF CE

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90011 015 ****61.25

Principal Place of Business

2700 LAKE SHORE DR
ORLANDO FL 32803

Mailing Address

2700 LAKE SHORE DR
ORLANDO FL 32803

2. Principal Place of Business

2700 Lake Shore Dr. Orlando

3. Mailing Address

2700 Lake Shore Dr.

Suite, Apt. #, etc.

Orlando 71

Suite, Apt. #, etc.

Orlando 71

City & State

Orlando

City & State

32803

Zip

32803

Country

Orange

Zip

32803

Country

Orange

4. FEI Number

59-6214617

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

ETTINGER, BEATRICE B.
2700 LAKE SHORE DR.
ORLANDO FL

7. Name and Address of New Registered Agent

Name Ettinger Beatrice B

Street Address (P.O. Box Number is Not Acceptable)
2700 Lake Shore Dr

Orlando

City

Orlando, FL, FL

Zip Code

32803

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

Beatrice B. Ettinger

7/15/00

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

After September 13, 2000 min. will be \$236.25

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 SD ☐ Delete
NAME BROWN, DIANE J
STREET ADDRESS 516 APPLEWOOD AVE
CITY-ST-ZIP ALTAMONTE SPRGS, FL00000

TITLE TD ☐ Delete
NAME CROTTY, MARILYN
STREET ADDRESS 150 SPRING COVE TRAIL
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE VD ☐ Delete
NAME MACMAHON, ALICE T.
STREET ADDRESS 1111 WILLOWBROOK TRAIL
CITY-ST-ZIP MATLAND, FL 00000

TITLE PD ☐ Delete
NAME ETTINGER, BEATRICE B
STREET ADDRESS 2700 LK SHORE DR
CITY-ST-ZIP ORLANDO, FL 00000

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Beatrice B. Ettinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/00
Date

407 896 4315
Daytime Phone #

CR2E037 (5/00)