

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



DO NOT WRITE IN THIS SPACE

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

Orlando 71

4. FEI Number

59-6214617

Applied For

Not Applicable

Zip

32803

Country

Orange

Zip

32803

Country

Orange

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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 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 DATE 7/15/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	BROWN, DIANE J	
STREET ADDRESS	516 APPLEWOOD AVE	
CITY-ST-ZIP	ALTAMONTE SPRGS, FL00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CROTTY, MARILYN	
STREET ADDRESS	150 SPRING COVE TRAIL	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MACMAHON, ALICE T.	
STREET ADDRESS	1111 WILLOWBROOK TRAIL	
CITY-ST-ZIP	MATLAND, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ETTINGER, BEATRICE B	
STREET ADDRESS	2700 LK SHORE DR	
CITY-ST-ZIP	ORLANDO, FL 00000	
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	<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	
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: Beatrice B. Ettinger DATE 7/15/00 DAYTIME PHONE # 407 896 4315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/00)