

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
 02-28-2001 90122 007 ****61.25

DOCUMENT # 713615

1. Entity Name

COUNCIL FOR CONTINUING EDUCATION FOR WOMEN OF CE

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

1620 Mayflower Ct.

3. Mailing Address

1620 Mayflower Ct.

Suite, Apt. #, etc.

A-415

Suite, Apt. #, etc.

A-415

City & State

WINTER PARK, FL.

City & State

WINTER PARK, FL

Zip

32792

Country

USA

Zip

32792

Country

USA

4. FEI Number

59-6214617

Applied For

Not Applicable

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 32803

New Address

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1620 Mayflower Court Apt A-415

City

Winter Park,

FL

Zip Code

32792

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 *Beatrice B. Ettinger*

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	SD	<input type="checkbox"/> Delete
NAME	BROWN, DIANE J	
STREET ADDRESS	516 APPLEWOOD AVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
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	MAITLAND, 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1620 Mayflower Court Apt A-415
CITY-ST-ZIP	Winter Park, FL 32792
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. *Beatrice B. Ettinger*

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/01 (407) 679-3456
679-3456

CR2E037 (10/00)