

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723361

1. Entity Name

THE WOMEN'S CENTER OF TAMPA, INC.

Principal Place of Business

THE WOMENS CENTER
6232 KRYCUL AVE
RIVERVIEW FL 33569
US

Mailing Address

6232 KRYCUL AVE
RIVERVIEW FL 33569
US

DEPARTMENT OF STATE
FOR DEPOSIT ONLY DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1630778

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

Name

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

City

FL

Zip Code

KING, SKIPPY
6232 KRYCUL AVE
RIVERVIEW FL 33569

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

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 12, 2001, 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 NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP
DS KING, SKIPPY
6232 KRYCUL AVENUE
RIVERVIEW FL 33569

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP
PD POHLE, PATRICIA
6232 KRYCUL AVE
RIVERVIEW FL 33569

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP
VD PALMER, DONNA
2831 58TH STREET SOUTH
GULFPORT FL 33707

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/01 (813) 677-8131
Date Daytime Phone #

CR2E037 (5/01)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90081 047 ****61.25