

2000 UNIFORM BUSINESS REPORT (UBR)

2/8/0

FILED

Apr 24, 2000 8:00 am
Secretary of State

02-08-2000 90042 014 ****61.25

DOCUMENT # 749329

1. Entity Name

FLORIDA WOMEN'S ALLIANCE, INC.

Principal Place of Business

Mailing Address

3178 REGATTA CIRCLE
SARASOTA FL 34231
US

3178 REGATTA CIRCLE
SARASOTA FL 34231-8114
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2623006**

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

MCGURN, LINDA C.
101 SE 2ND PLACE, SUITE 202
GAINESVILLE FL 32602

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ROWELL, NANCY	
STREET ADDRESS	2061 DELLWOOD DR	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	T	<input type="checkbox"/> Delete
NAME	FERGUSON, SHERIDA	
STREET ADDRESS	17581 FAIRMEADOW DR	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FRAGALA, LOUISE	
STREET ADDRESS	PO BOX 6467	
CITY-ST-ZIP	LAKELAND FL 33807	
TITLE	P	<input type="checkbox"/> Delete
NAME	MARTIN, JANICE	
STREET ADDRESS	4214 BEACH WAY DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSHALL, PHILOMENA	
STREET ADDRESS	5516 MOLINO ROAD	
CITY-ST-ZIP	MALIMO FL 32577	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BORROK, VIRGINIA	
STREET ADDRESS	555 STOCKTON ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32204	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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:

Signature of Linda C. McGurn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/00

813-282-874

Date

Daytime Phone #