

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 827513

1. Entity Name

NATIONAL ORGANIZATION FOR WOMEN, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90003 037 ****61.25

Principal Place of Business

1000 16TH STREET N.W.
SUITE 700
WASHINGTON DC 20036-5705

Mailing Address

1000 16TH STREET N.W.
SUITE 700
WASHINGTON DC 20036-5705

2. Principal Place of Business

733 15TH ST, NW, SECOND FLR

Suite, Apt. #, etc.

3. Mailing Address

733 15TH ST, NW, SECOND FLR

Suite, Apt. #, etc.

City & State
WASHINGTON DC

Zip
20005

Country
US

City & State
WASHINGTON DC

Zip
20005

Country
US

4. FEI Number

23-7094479

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

IRELAND, PATRICIA
26600 SW 182ND AVE
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

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
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 PD ☐ Delete
NAME IRELAND, PATRICIA
STREET ADDRESS 26,600 S.W. 182 AVE
CITY-ST-ZIP HOMESTEAD FL

TITLE VD ☐ Delete
NAME GANDY, KIM
STREET ADDRESS 630 G ST NE
CITY-ST-ZIP WASHINGTON DC

TITLE VT- ☒ Delete
NAME TOLEDO, ELIZABETH
STREET ADDRESS 5214 BALTIMORE AVE
CITY-ST-ZIP BETHESDA MD 20816

TITLE SD ☐ Delete
NAME JOHNSON, KAREN
STREET ADDRESS 110 CENTURY DR, APT 6404
CITY-ST-ZIP ALEXANDRIA VA 22304

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 VICE PRES, ACTION ☐ Change ☒ Addition
NAME KANE, LORETTA
STREET ADDRESS 1533 E STREET, SE
CITY-ST-ZIP WASHINGTON, DC 30003

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

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

202-628-8669

Date

Daytime Phone #

CR2E037 (5/00)