

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/1

FILED

Aug 21, 2000 8:00 am  
Secretary of State

08-01-2000 90004 003 \*\*\*\*61.25

DOCUMENT # N01093

1. Entity Name

NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS, I

Principal Place of Business

Mailing Address

PO BOX 7451  
WEST PALM BEACH FL 33405  
US

PO BOX 7451  
WEST PALM BEACH FL 33405-7451  
US

2. Principal Place of Business

3. Mailing Address

2240 Palm Beach Lakes  
Suite, Apt. #, etc. BLVD  
#100

2240 Palm Beach Lakes Blvd.  
Suite, Apt. #, etc.

City & State

City & State

W. Palm Beach, FL

FL

Zip

Country

Zip

Country

33409

US

4. FEI Number

59-2224121

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

HARRIS-LANGE, JANET  
1001 W JASMINE DR  
#G  
LAKE PARK FL 33403

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 PD  
NAME GORE, LINDA  
STREET ADDRESS 810 SUTURN ST., SUITE 28  
CITY-ST-ZIP JUPITER FL 33477

☒ Delete

TITLE ~~TD~~  
NAME WENDIE BAUER  
STREET ADDRESS 2240 Palm Beach Lakes Blvd #100  
CITY-ST-ZIP W. Palm Beach, FL 33409

☐ Change

☒ Addition

TITLE VPD  
NAME PARKES, EVELYN  
STREET ADDRESS 2240 PALM BEACH LAKE BLVD.  
CITY-ST-ZIP WEST PALM BEACH FL 33409

☐ Delete

TITLE PD  
NAME PARKES, EVELYN  
STREET ADDRESS Same as before  
CITY-ST-ZIP

☒ Change

☐ Addition

TITLE TD  
NAME LOAKO, PATRICIA  
STREET ADDRESS 3488 CANAL CT.  
CITY-ST-ZIP TEQUESTA FL 33489

☒ Delete

TITLE SD  
NAME MAUREEN O'NEIL  
STREET ADDRESS 2604 DORAL WAY  
CITY-ST-ZIP W PALM BCH FL 33409

☐ Change

☒ Addition

TITLE SD  
NAME ELLIS, MARYANN  
STREET ADDRESS 9872 K-2 S. MILITARY TRAIL  
CITY-ST-ZIP BOYTON BEACH FL 33438

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED

7/25/00

561-689-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2EC17 (SMH)