

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90195 042 ****70.00

DOCUMENT # N01093

1. Entity Name

NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS, I

Principal Place of Business

Mailing Address

2240 PALM BEACH LAKES **2188 W ATLANTIC AVE #100** **2240 PALM BEACH LAKES Delray Beach, FL 33445**
~~WEST PALM BEACH FL 33409~~
~~US~~

00053209



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2224121

Applied For

Not Applicable

Zip

Country

Zip

Country

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~~
~~#8~~
~~LAKE PARK FL 33409~~

Elaine Taule
2188 W ATLANTIC AVE
Delray Beach, FL 33445

Name

Elaine Taule

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

2188 W ATLANTIC AVE

City

Delray Beach

FL

Zip Code

33445

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

Elaine Taule

4-17-01

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 | TD | <input checked="" type="checkbox"/> Delete |
| NAME | BAUER, WENDIE | |
| STREET ADDRESS | 2240 PALM BEACH LAKES BLVD FF | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33409 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | EVERLYN, PARKES | |
| STREET ADDRESS | 2240 PALM BEACH LAKE BLVD. | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33409 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | O'NEIL, MAUREEN | |
| STREET ADDRESS | 2604 DORAL WAY | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33409 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-----------------------------|---|
| TITLE | ① PRESIDENT | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Elaine Taule | |
| STREET ADDRESS | 2188 W ATLANTIC AVE | |
| CITY-ST-ZIP | Delray Beach, FL 33445 | |
| TITLE | ② V. PRESIDENT | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Linsey CRAIG Willis | |
| STREET ADDRESS | P.O. BOX 1628 | |
| CITY-ST-ZIP | DOCA RATON, FL 33429-1628 | |
| TITLE | ③ DOCA RATON, FL 33429-1628 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TREASURER | |
| STREET ADDRESS | AUDREY Dinnall-Thompson | |
| CITY-ST-ZIP | 1900 W Commercial Blvd | |
| | Suite 151 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FT. Lauderdale, FL 33309 | |
| 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 | | |

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:

Elaine Taule

4-17-01

561-266-9010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)