2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2002 8:00 am
Secretary of State
05-16-2002 90041 047 ****61.25

DOCUMENT # N01093

1. Entity Name

NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS, I NC. - PALM BEACH COUNTY CHAPTER

35247

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2188 W. ATALNTIC AVE DELRAY BEACH FL 33445 US	2188 W. ATALNTIC AVE #100 DELRAY BEACH FL 33445 US

2. Principal Place of Business	3. Mailing Address
P O BOX 1628	P O BOX 1628
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33429-1628 Country: USA	Zip: 33429-1628 Country: USA

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
TAULE, ELAINE 2188 W. ATLANTIC AVE DELRAY BEACH FL 33445	Name: EVELYN F. PARKES Street Address (P.O. Box Number is Not Acceptable): 2240 PALM BEACH LAKES BLVD #100 City: WEST PALM BEACH FL Zip Code: 33409

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TAULE, ELAINE 2188 W. ATLANTIC AVE DELRAY BEACH FL 33445	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT (D) GEORGETTE CARROLL 6172 ROYAL BIRKDALE LAKE WORTH, FL 33463	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD WILLUIS, LINSEY CRAIG PO BOX 1628 BOCA RATON FL 33429-1628	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT (D) LINDSEY CRAIG WILLIS P O BOX 1628 BOCA RATON FL 33429-1628	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD THOMPSON, AUDREY 1900 W. COMMERICAL BLVD, STE 151 FORT LAUDERDALE FL 33309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER (D) EVELYN F. PARKES, C.P.A. 2240 PALM BEACH LAKES BLVD 3100 WEST PALM BEACH, FL 334095	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED EVELYN F. PARKES 4/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #