

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05768

1. Entity Name

WOMEN OWNERS NETWORK, INC.

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

02-15-2000 90052 025 ****61.25

Principal Place of Business

Mailing Address

P. O. BOX 25654
SARASOTA FL 34277-9654

P. O. BOX 25654
SARASOTA FL 34277-2654

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2454267

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

MCCLELLAND, CAROL
1322 45TH ST
SARASOTA FL 34234

Name

CATHERINE SMITH

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

1350 Ewing St

City

NOKOMIS

FL

Zip Code
34275

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

1/17/00

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 ☒ PRESIDENT ☐ Delete
NAME MUONE, IDA
STREET ADDRESS 2 N TAMiami TRAIL STE 700
CITY-ST-ZIP SARASOTA FL 34236

TITLE ☐ Change ☒ Addition
NAME *Debra*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME WESTBROOK, TERRI
STREET ADDRESS 154 GRAND OAK CIR
CITY-ST-ZIP VENICE FL 34292

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME MCCLELLAND, CAROL
STREET ADDRESS 1322 45TH ST
CITY-ST-ZIP SARASOTA FL 34231

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME PERKINS, GENEVIEVE
STREET ADDRESS 5113 FAROAKS CIR
CITY-ST-ZIP SARASOTA FL 34238

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME *3* TREASURER
CATHERINE SMITH
STREET ADDRESS 1350 EWING ST
CITY-ST-ZIP NOKOMIS FL 34275

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME *3* VICE PRES
BRANDAA ROBERT WRIGHT
STREET ADDRESS 406 SARASOTA BLVD
CITY-ST-ZIP SARASOTA FL 34236

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/00

CR2E037 (9/99)