

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
 02-28-2001 90034 044 ****61.25

DOCUMENT # N05768

1. Entity Name

WOMEN OWNERS NETWORK, INC.

Principal Place of Business

P. O. BOX 25654
 SARASOTA FL 34277-9654

Mailing Address

P. O. BOX 25654
 SARASOTA FL 34277-9654

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2454267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SMITH, CATHERINE
1350 EWING ST
NOKOMIS FL 34373

7. Name and Address of New Registered Agent

Name **Arlene Moore**

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

3150 South Gate Cir

City

Sarasota

FL

Zip Code

34239

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

Arlene Moore Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

1/16/01

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

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

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

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

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

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 **D** ☒ Change ☐ Addition
 NAME **Barbara Wright**
 STREET ADDRESS **406 Sarasota Quay**
 CITY-ST-ZIP **Sarasota FL 34236**

TITLE **D** ☒ Change ☐ Addition
 NAME **Margorie Paterson**
 STREET ADDRESS **677 N. Washington Blvd**
 CITY-ST-ZIP **Sarasota FL 34236**

TITLE **D** ☒ Change ☐ Addition
 NAME **Jamie Warren**
 STREET ADDRESS **3695 Webber St**
 CITY-ST-ZIP **Sarasota FL 34232**

TITLE **D** ☒ Change ☐ Addition
 NAME **Arlene Moore**
 STREET ADDRESS **3150 South Gate Cir**
 CITY-ST-ZIP **Sarasota FL 34239**

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:

Arlene Moore

1/16/01 (941) 3633607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)