2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2000 8:00 am
Secretary of State
07-26-2000 90042 035 ****61.25

DOCUMENT # N19228 ✓

1. Entity Name

GREATER FORT LAUDERDALE FLORIDA CHAPTER OF THE NATIONAL Association of Women in Construction.

Principal Place of Business	Mailing Address
NATIONAL ASS OF WOMEB IN CON 2745 W CYPRESS CKM RD FORT LAUDERDALE FL 33309 US	LINDAS AMOS PO BOX 329 FT LAUDERDALE FL 33302 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
~~NATIONAL ASS OF WOMEN IN~~ Association of Women in Construction P.O. Box 329	Judy Orr P.O. Box 329
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33302 Country: US	Zip: 33302 Country: US

4. FEI Number: 59-6177674 ☐ 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
AMOS, LINDA 2745 W CYPRESS CREEK RD FORT LAUDERDALE FL 33309-1757	Name: Judy Orr Street Address (P.O. Box Number is Not Acceptable): 2685 NE 17 TERRACE City: FORT LAUDERDALE FL Zip Code: 33334

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] 7/18/00
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
After September 13, 2000 min. will be $236.25

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	D BRADY, PAT 11400 NW 21ST CT PLANTATION FL 33323	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES/TREAS JUDITH M. ORR 2685 NE 17 TERRACE FORT LAUDERDALE, FL 3334	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GENTILE, MELINDA 3319 NE 18TH ST FORT LAUDERDALE FL 33305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT DIANA L. PRESTON 4860 NE 12th Ave. Ft. Lauderdale, Fla. 33334	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AKHTARHAVARI, SUSAN 9858 NW 42ND CRT SUN RISE FL 33351	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ GILEAD, KATHLEEN 3117 SW 14TH ST FORT LAUDERDALE FL 33312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ AMOS, LINDA 2745 W CYPRESS CREEK RD FORT LAUDERDALE FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TOWNHEND, TONI 1620 S OCEAN BLVD APT #12-L POMPANO BEACH FL 33062	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/00)

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] 7/18/00
~~SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR~~ Date Daytime Phone #